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## RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .
2. Name, . . . . .  
(Maiden Name),\*  
(Name of Husband),\*
3. Sex, and whether single,  
Married, or Widowed,
4. Color, † . . . . .
5. Age, . . . . .  
(Disease or Cause of Death,  
(Primary and Secondary), ‡  
6. Duration of Sickness, .  
(By whom certified,
7. Residence, . . . . .
8. Occupation, . . . . .
9. Place of Death, . . . . .
10. Place of Birth, . . . . .
11. Name of Father, . . . . .
12. Name of Mother, . . . . .  
(Maiden Name),
13. Birthplace of Father, . . . . .
14. Birthplace of Mother, . . . . .
15. Place of Interment, . . . . .

Signature of Undertaker  
or other person making  
the Return, . . . . .

DATED at

, ON

18

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

(Be very particular to fill all Blanks.)

Plate. Ed. September, 1892.—5,000.

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[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\*

Isabella E. J. Mc Donald Age, <sup>Mo 20</sup> 3-15

Date and Place of Death, -

died at Nirthrop, Gerald Street Jan 1<sup>st</sup> 1893

Disease or Cause of Death, -

of Tuber Meningence Duration of Sickness 14 days

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician,

H. S. Louchie M.D. Windsor, Mass.

\*Or Sex of Infant (not named).

Date of Certificate, Jan 7 1893

[May, 1888.]

1893  
w

[*Acts of 1888, Chapter 306.*]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician can not be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or register for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*]

*— Duplicate —*  
**PHYSICIAN'S CERTIFICATE.**

Name and Age of Deceased,\*

*Elizabeth Ripsey* Age, *57.*

Date and Place of Death, -

died at *Winthrop Mass Jan 9<sup>th</sup> 1893*

Disease or Cause of Death, -

of *Heart Disease* Duration of Sickness *Three Months*

*I certify that the above is true, to the best of my knowledge and belief.*

Name and Residence of Certifying Physician,

*A. B. Dorman M.D.*

Date of Certificate,

*Jan 9<sup>th</sup> 1893*

\*Or Sex of Infant (not named).

[May, 1888.]

[Acts of 1888, Chapter 306.]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician can not be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or register for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [Approved May 4, 1888.]



## RETURN OF A DEATH.

To the Clerk of the Town in which the Death

ed.

1. Date of Death, . . .
2. Name, . . . . .  
(Maiden Name), . . .  
(Name of Husband), \*
3. Sex, and whether single,  
Married, or Widowed,
4. Color, † . . . . .
5. Age, . . . . .
- (Disease or Cause of Death,  
(Primary and Secondary), †
6. Duration of Sickness, . . . . .  
(By whom certified, . . . . .
7. Residence, . . . . .
8. Occupation, . . . . .
9. Place of Death, . . . . .
10. Place of Birth, . . . . .
11. Name of Father, . . . . .
12. Name of Mother, . . . . .  
(Maiden Name), . . . . .
13. Birthplace of Father, . . . . .
14. Birthplace of Mother, . . . . .
15. Place of Interment, . . . . .

Signature of Undertaker  
or other person making  
the Return, . . . . .

DATED at

, on

18

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\* *Offie Phillips* Age, *1 Mo. 20 days*  
Date and Place of Death, - died at *Waltham, Mass., Jan. 21<sup>st</sup>* 1893.  
Disease or Cause of Death, - of *Mal nutrition* Duration of Sickness *one month.*

*I certify that the above is true, to the best of my knowledge and belief.*

Name and Residence of Certifying Physician, *A. B. Darnon M.D.*

Date of Certificate, *Jan. 23<sup>d</sup>* 1893

\*Or Sex of Infant (not named).

[Acts of 1888, Chapter 306.]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician can not be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or register for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [Approved May 4, 1888.]

## RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .
2. Name, . . . . .  
(Maiden Name), \* . . .  
(Name of Husband), \* . . .
3. Sex, and whether single,  
Married, or Widowed,
4. Color, † . . . . .
5. Age, . . . . .
6. Duration of Sickmess, . . .  
(Primary and Secondary), †  
(By whom certified, . . .
7. Residence, . . . . .
8. Occupation, . . . . .
9. Place of Death, . . . . .
10. Place of Birth, . . . . .
11. Name of Father, . . . . .
12. Name of Mother, . . . . .  
(Maiden Name), . . . . .
13. Birthplace of Father, . . . . .
14. Birthplace of Mother, . . . . .
15. Place of Internment, . . . . .

Signature of Undertaker  
— or other person making  
the Return, . . . . .

DATED at

on

18

1893

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

## AN ACT

## RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

*Be it enacted, etc., as follows:*

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows:— *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows:— *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [Approved May 4, 1888.]



PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Name and age of deceased Louis J. Muller Boston, Jan 26<sup>th</sup> 1893.  
Age 3 yrs. 3 mos. 3 dys.  
Date and place of death: Jan 26<sup>th</sup> 1893 Cor Paulson & Pleasant Winthrop  
Disease or cause of death: Injured during labor.

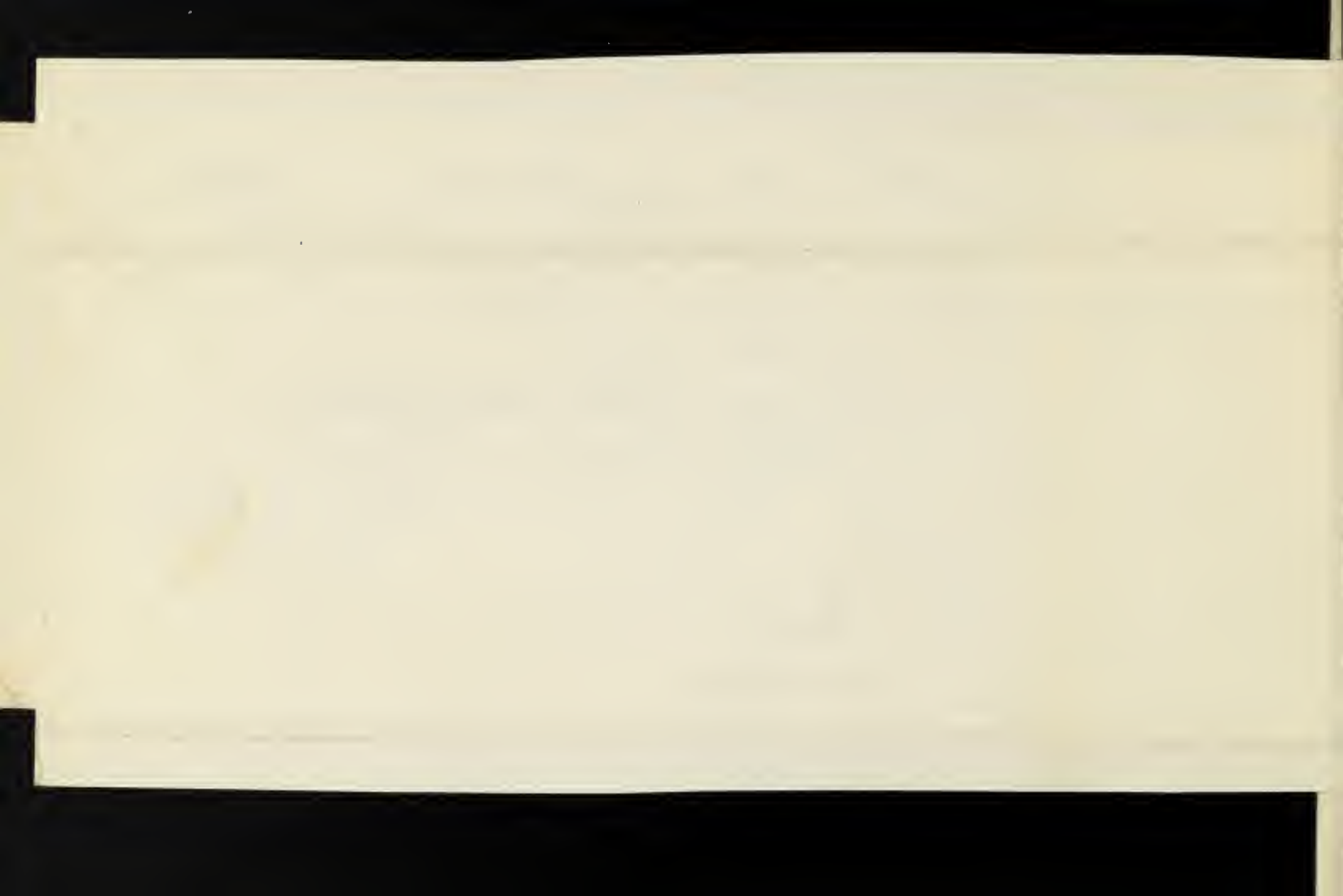
Duration of disease: \*.....

I certify that the above is true, to the best of my knowledge and belief.

Name and residence  
of physician. }

Albert B. Dorman M. D.  
Winthrop, Mass.

\* It is very desirable to be informed of the duration of the disease.







Funeral, J. P. M.  
Dwight  
H. and wife

Casey, J. P. M.  
Dwight

[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224.]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

## PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\*

Ms. Lucy P. Tewksbury Age, 46 years

Date and Place of Death, -

died at Winthrop, Mass., Jan. 26<sup>th</sup> 1893.

Disease or Cause of Death, -

of Sarcoma Duration of Sickness 6 mos.

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician,

Albert B. Darman, M.D.

Date of Certificate,

Jan. 27<sup>th</sup> 1893.

\*Or Sex of Infant (not named).

[May, 1888.]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician can not be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or register for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [Approved May 4, 1888.]

# RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	30 1898
2. Name, . . . . . (Maiden Name), * (Name of Husband), *	Adeline M. Hamilton - Miller Harris Co. Harris Co. (Pa.)
3. Sex, and whether single, Married, or Widowed,	Wid.
4. Color, † . . . . .	White
5. Age, . . . . .	49 Years, 2 Months, 14 Days.
(Disease or Cause of Death, (Primary and Secondary), †	Heart Disease
6. Duration of Sickness, . (By whom certified, .	Dr. H. H. G. M. S.
7. Residence, . . . . .	W. H. H. H.
8. Occupation, . . . . .	Ref.
9. Place of Death, . . . . .	Ref.
10. Place of Birth, . . . . .	Ref.
11. Name of Father, . . . . .	Ref.
12. Name of Mother, . . . . . (Maiden Name),	Ref.
13. Birthplace of Father, .	Ref.
14. Birthplace of Mother, .	Ref.
15. Place of Interment, .	Ref.
Signature of Undertaker or other person making the Return, } Ref.	

DATED at Harrisburg, on Jan. 25, 1898

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

513

[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 305; Acts of 1889, Chapter 224.]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.



# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\*

Addie M. Hamilton Age, 49 "2" 14

Date and Place of Death, -

died at.

Wintthrop, January 30<sup>th</sup>, 1893

Disease or Cause of Death, -

of

Cancer

Duration of Sickness

Six months

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician,

A. B. Dorman, M.D.

Date of Certificate,

Jan. 31<sup>st</sup>, 1893

\*Or Sex of Infant (not named).

[May, 1888.]

[*Acts of 1888, Chapter 306.*]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows:—*Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows:—*Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician can not be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or register for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*]



# RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	February 15 <sup>th</sup> 1893
2. Name, . . . . .	William Small
(Maiden Name),* . . .	
(Name of Husband),† . .	
3. Sex, and whether single, Married, or Widowed,	Female
4. Color, ‡ . . . . .	White
5. Age, . . . . .	Years, Months, 8 <sup>Hours</sup> Days.
Disease or Cause of Death, (Primary and Secondary), ‡	
6. Duration of Sickness, (By whom certified, . .	Dr. Grace J. Soule
7. Residence, . . . . .	North Avenue
8. Occupation, . . . . .	
9. Place of Death, . . . .	
10. Place of Birth, . . . .	"
11. Name of Father, . . .	John C. Small
12. Name of Mother, . . .	Adams E. Tracy
(Maiden Name), . . . .	
13. Birthplace of Father, .	Auburn Maine
14. Birthplace of Mother, .	St John St B.
15. Place of Interment, . .	Winthrop Cemetery
Signature of Undertaker <del>or other person making the Return</del> , . . . . .	Summer Floyd

DATED at Winthrop, on February 16 1893

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all blanks.]

*[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224.]*

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there be no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board or agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\*

Nellie Small

Age,

8 Years

Date and Place of Death,†

died at

Winthrop (V. Avenue) Feb 15 "

1893.

Disease or Cause of Death, -

of

Malformation of Heart.

(Primary and Secondary.)‡

Duration of Sickness, -

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician,

Horace L. Loomis M.D. Winthrop

Date of Certificate,

Feb

189

Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.

*[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]*

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

# RETURN OF DEAD BODIES

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . . .
2. Name, . . . . .  
(Maiden Name)\*, . . .  
(Name of Husband), †, . . .
3. Sex, and whether single,  
Married, or Widowed,
4. Color, † . . . . .
5. Age, . . . . .
6. Disease or Cause of Death,  
(Primary and Secondary), †  
(By whom certified, . . . . .)
7. Residence, . . . . .
8. Occupation, . . . . .
9. Place of Death, . . . . .
10. Place of Birth, . . . . .
11. Name of Father, . . . . .
12. Name of Mother, . . . . .  
(Maiden Name), . . . . .
13. Birthplace of Father, . . . . .
14. Birthplace of Mother, . . . . .
15. Place of Interment, . . . . .

Signature of Undertaker  
or other person making  
the Return, . . . . .

DATED at Provincetown, on February 16 1893

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.



PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Name and age of deceased: *John W. Stanton* *Boston,* *April 8<sup>th</sup>* 189*3,*  
Age *2* yrs. *7* mos. *7* dys.  
Date and place of death: *April 8<sup>th</sup> 1893, Hingham, Mass.*  
Disease or cause of death: *convulsions*

Duration of disease: \* *Twenty four hours*

I certify that the above is true, to the best of my knowledge and belief.

Name and residence  
of physician. }

*Horace J. Soule* M. D.

\*It is very desirable to be informed of the duration of the disease.

The office of the Board of Health will be open for the granting of permits for burial, as follows:—Saturdays, 9 A.M. till 2 P.M.; Sundays, 10 A.M. till 12 M.; Holidays, from 10 A.M. till 12 M.; other days, from 9 A.M. till 5 P.M.



# UNDERTAKER'S RETURN.—Boston.

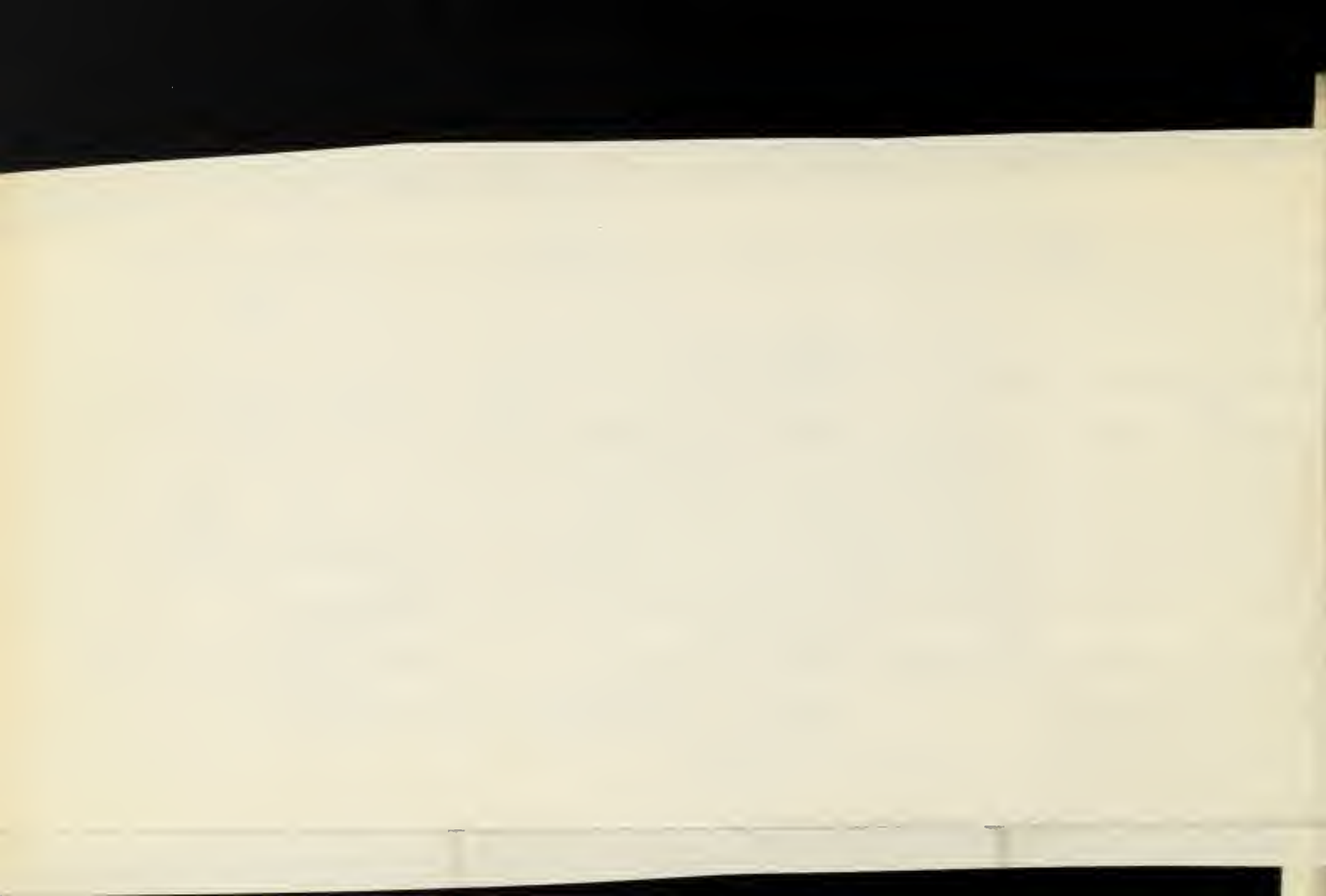
Date of death, *April 8<sup>th</sup>* 1893, Name, *John R. Stanton*  
Maiden name,\* \_\_\_\_\_ Sex, *M*  
Married, single, or widow of *Single* wife of \_\_\_\_\_  
Color, *W* Age, *2* years, *7* mos., \_\_\_\_\_ days. Residence, *Winthrop*  
Place of death (street and number), *Ocean View St* ward \_\_\_\_\_  
Place of birth, *E. Boston* Occupation, *Carpenter*  
Name of father, *Alexander* Maiden name of mother, *Carrie*  
Birthplace of father, *Novell P.E.I.* Birthplace of mother, *St. John N.B.*  
Place of interment,† *Holy Cross, Malden*

\* If a married woman or a widow.

† Give the name of the burial ground.

Signature of Undertaker:

*Frank S. Maloney*



# RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	April 18 <sup>th</sup> 1893
2. Name, . . . . .	Harry Pearson
(Maiden Name),* . .	
(Name of Husband),* .	
3. Sex, and whether single, Married, or Widowed,	Male
4. Color,† . . . . .	White
5. Age, . . . . .	Years, 21 Months, Days.
Disease or Cause of Death, (Primary and Secondary),‡	Cholera
6. Duration of Sickness, . (By whom certified, .	Winthrop Mass
7. Residence, . . . . .	
8. Occupation, . . . . .	Marine Dept
9. Place of Death, . . .	Winthrop Mass
10. Place of Birth, . . .	William E. Pearson
11. Name of Father, . . .	Mary E. Pearson (Wife)
12. Name of Mother, . . . (Maiden Name),	Boston
13. Birthplace of Father, .	Lynn
14. Birthplace of Mother, .	Winthrop Cemetery
15. Place of Interment, .	
Signature of Undertaker or other person making the Return, . . . . .	Sumner Ford

DATED at Winthrop, on April 19<sup>th</sup> 1893

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or an physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and secondary cause of death. See Chap. 224, Acts of 1889.

## PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\*

Harry Pierson

Age, -

Date and Place of Death, -

died at

Winthrop

April 18<sup>th</sup> 1893

Disease or Cause of Death, -

of

Still Born

Duration of Sickness.

-

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician,

H. S. South M.D. Winthrop

Date of Certificate,

May 1<sup>st</sup>

1893

\*Or Sex of Infant (not named).

[May, 1888.]

[Acts of 1888, Chapter 306.]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician can not be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [Approved May 4, 1888.]

# RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	April 30 <sup>th</sup> 1893
2. Name, . . . . .	Robert Henry Collins
(Maiden Name)*, . .	—
(Name of Husband)*, .	—
3. Sex, and whether single, Married, or Widowed,	M
4. Color, † . . . . .	White
5. Age, . . . . .	— Years, 2 Months, 2 Days.
(Disease or Cause of Death, (Primary and Secondary), †	Throat Cancer
6. Duration of Sickness, .	—
(By whom certified, . .	Heinrich Henrich
7. Residence, . . . . .	—
8. Occupation, . . . . .	Heinrich Henrich
9. Place of Death, . . .	Heinrich Henrich
10. Place of Birth, . . . .	L. F. Collins
11. Name of Father, . . .	Ellas F. Collins
12. Name of Mother, . . .	Grace Collins
(Maiden Name), . . . .	—
13. Birthplace of Father, .	Alabama
14. Birthplace of Mother, .	Alabama
15. Place of Interment, .	—
Signature of Undertaker <del>whether person making</del> the Return, . . . . .	Samuel F. Collins

18.

\* If a Married Woman or Widow, † If a Soldier who served in the War of the Rebellion.  
† If other than White. (M.) Mulatto. (I.) Indian. If of other races, specify what.

S. F. Collins [Be very particular to fill all blanks.]  
Plate. Ed. September, 1892. — 5,000.

Attest  
S. F. Collins  
Attest Avenue Modern Business



[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 305; Acts of 1889, Chapter 224.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and secondary cause of death. See Chap. 224, Acts of 1889.

## PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\*

Albert Henry Collins Age, 2 yrs - 2 ds

Date and Place of Death, -

died at Winthrop - Ferman Street Apr. 30 1893.

Disease or Cause of Death, -

of Mafformat<sup>n</sup> of Heart Duration of Sickness Two months

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician,

Borace J. Soule M.D. Winthrop

Date of Certificate,

May 1<sup>st</sup> 1893

\*Or Sex of Infant (not named).

[*Acts of 1888, Chapter 306.*]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician can not be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or register for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*]

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	May 3 <sup>d</sup> 1893.
2. Name, . . . . .	Duncan A. H. Mayo
(Maiden Name), *	
(Name of Husband), *	
3. Sex, and whether single, Married, or Widowed,	Female
4. Color, † . . . . .	White
5. Age, . . . . .	3 Years, 11 Months, 10 Days.
(Disease or Cause of Death, (Primary and Secondary), ‡	Dr. Wm. Michael
6. Duration of Sickness, . . . (By whom certified, . . .	Winthrop Mass
7. Residence, . . . . .	
8. Occupation, . . . . .	Sargent Street -
9. Place of Death, . . . . .	Corner Boston
10. Place of Birth, . . . . .	Samuel H.
11. Name of Father, . . . . .	Ellen W.
12. Name of Mother, . . . . . (Maiden Name), . . . . .	Chatham Mass
13. Birthplace of Father, . . . . .	Chatham Mass
14. Birthplace of Mother, . . . . .	Winthrop Cemetery
15. Place of Interment, . . . . .	Winthrop Cemetery
Signature of Undertaker <del>making</del> the Return, . . . . .	Sumner Floyd

DATED at Winthrop, on May 4<sup>th</sup> 1893

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
 ‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board or agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\*

Susan A Mayo

Age, 3-11-12

Date and Place of Death, -

died at Smiths Parget St May 3 1893

Disease or Cause of Death, -

of Malignant L. Fever Duration of Sickness 2 weeks

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician,

W B Smith

Date of Certificate,

May 4

1893

\*Or Sex of Infant (not named).

[May, 1893.]

[Acts of 1888, Chapter 306.]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician can not be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or register for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [Approved May 4, 1888.]



To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . . March 14 1883

2. Name, . . . James Palmer

(Maiden Name),\* . . . —

(Name of Husband),\* . . . Male

3. Sex, and whether single, Married, or Widowed, . . . Male

4. Color, † . . . White

5. Age, . . . 20 Years, 7 Months, 5 Days.

(Disease or Cause of Death, (Primary and Secondary), ‡ . . . Throat

(Duration of Sickness, . . . Croup

(By whom certified, . . . Palmer

7. Residence, . . . Northampton

8. Occupation, . . . Teacher

9. Place of Death, . . . Northampton

10. Place of Birth, . . . Northampton

11. Name of Father, . . . James W. Palmer

12. Name of Mother, . . . Elizabeth J. A.

(Maiden Name), . . . Northampton

13. Birthplace of Father, . . . Northampton

14. Birthplace of Mother, . . . Northampton

15. Place of Interment, . . . Northampton

Signature of Undertaker or other person making the Return, . . . James Palmer

DATED at Northampton, on March 15 1883

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
 ‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

*215*  
[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224.]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

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# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\*

Horace Wilmer Richardson

Age, 20 yr. 7 mo. 5 days.

Site and Place of Death, -

died at

Winthrop

May 14<sup>th</sup>

1893.

Disease or Cause of Death, -

of

Pneumonia

Duration of Sickness

26<sup>th</sup> days.

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician,

27<sup>th</sup> Meridian St

East Boston.

Winfred Newell Emery

M.D.

Date of Certificate,

May 16<sup>th</sup>

1893.

\*Or Sex of Infant (not named).

[May, 1888.]

[*Acts of 1888, Chapter 306.*]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician can not be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or register for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*]

# RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	June 2nd 1892
2. Name, . . . . . (Maiden Name)*, (Name of Hnsband), *	Grace F. W. Evans
3. Sex, and whether single, Married, or Widowed,	Female
4. Color, † . . . . .	White
5. Age, . . . . .	18 Years, 1 Month, 18 Days.
(Disease or Cause of Death, (Primary and Secondary), ‡	Dr. Lander
6. Duration of Sickness, . (By whom certified, .	Dr. Lander
7. Residence, . . . . .	St. Louis, Mo.
8. Occupation, . . . . .	
9. Place of Death, . . . . .	St. Louis, Mo.
10. Place of Birth, . . . . .	St. Louis, Mo.
11. Name of Father, . . . . .	John Lander
12. Name of Mother, . . . . . (Maiden Name),	Elizabeth Lander
13. Birthplace of Father, .	St. Louis, Mo.
14. Birthplace of Mother, .	St. Louis, Mo.
15. Place of Interment, .	St. Louis, Mo.
Signature of Undertaker <del>or other person making</del> the Return, . . . . .	James Lander
DATED at . . . . ., on . . . . .	St. Louis, Mo. 1892

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

7-1-1886  
[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224.]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding dollars.

— 1886



# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\*

Grace L. Doleman

Age, 18 yrs 1 mo

Date and Place of Death, -

died at Winthrop (Herman Street) June 2, 1889.

Disease or Cause of Death, -

of Lobar Pneumonia Duration of Sickness Two weeks  
Measles was the primary cause.

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician,

Horace J. Soule M.D. Winthrop

Date of Certificate,

June 3rd 1889

\*Or Sex of Infant (not named).

[May, 1888.]



[Acts of 1888, Chapter 306.]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician can not be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or register for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [Approved May 4, 1888.]

# RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	June 9 <sup>th</sup> , 1893.		
2. Name, . . . . . (Maiden Name), * (Name of Husband), *	Lucretia H. Parsons Lucretia Hayt-Cotton Joseph L. Parsons Female. W. Cotton White		
3. Sex, and whether single, Married, or Widowed,			
4. Color, † . . . . .			
5. Age, . . . . .	Years, 10	Months, 7	Days.
6. Duration of Sickness, . (By whom certified, . . . . .)	45	10	4
7. Residence, . . . . .	Holyoke Mass		
8. Occupation, . . . . .	Winthrop Mass		
9. Place of Death, . . . . .	Springfield Mass		
10. Place of Birth, . . . . .	Georgetown		
11. Name of Father, . . . . .	Lucretia L. Hayt-		
12. Name of Mother, . . . . . (Maiden Name),	Lansman Mass		
13. Birthplace of Father, . . . . .	Springfield Mass		
14. Birthplace of Mother, . . . . .	Hallowell Mass		
15. Place of Interment, . . . . .			
Signature of Undertaker or other person making the Return, . . . . .	Summer Floyd <del>J. B. Cotton</del>		
DATED at	Winthrop Mass		June 9 <sup>th</sup> 1893

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
 † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\*

Lucretia H. Parsons

Age, 75 yrs 10 mos 7 d

Date and Place of Death, -

died at Winthrop (Harbor Ave) June 9

" 1893

Disease or Cause of Death, -

of Heart Failure Duration of Sickness

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician,

H. S. Swick M.D.

Winthrop Mass,

Date of Certificate,

June 9<sup>th</sup>

1893.

\*Or Sex of Infant (not named).

[May, 1888.]

[*Acts of 1888, Chapter 306.*]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows:— *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows:— *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician can not be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or register for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*]

## RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	June 7 <sup>th</sup> 1892
2. Name, . . . . . (Maiden Name), * .	Grace S. Allen
(Name of Husband), * .	—
3. Sex, and whether single, Married, or Widowed,	Single
4. Color, † . . . . .	White
5. Age, . . . . .	33 Years, 8 Months, — Days.
Disease or Cause of Death, (Primary and Secondary), †	—
6. Duration of Sickness, . by whom certified,	Dr. J. C. Allen
7. Residence, . . . . .	—
8. Occupation, . . . . .	Bookbinder
9. Place of Death, . . . .	Baldwin Street
10. Place of Birth, . . . .	St. Albans
11. Name of Father, . . .	—
12. Name of Mother, . . . (Maiden Name),	—
13. Birthplace of Father, .	England
14. Birthplace of Mother, .	England
15. Place of Internment, .	Frederick Cemetery
Signature of Undertaker or other person making the Return, . . . . .	James H. Allen

DATED at St. Albans, on June 7<sup>th</sup> 1892.

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
 † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

(Be very particular to fill all Blanks.)



[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 305; Acts of 1889, Chapter 224.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

*W. J. Kane*



# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\*

James J. O'Brien Age, 33 yrs -

Date and Place of Death, -

died at Winthrop (Belcher Street) June 9<sup>th</sup> 1893

Disease or Cause of Death, -

of Consumption Duration of Sickness One year

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician,

H. S. Lunde M.D. Winthrop Mass

Date of Certificate,

June 9<sup>th</sup> 1893

\*Or Sex of Infant (not named).

[May, 1888.]

[*Acts of 1888, Chapter 306.*]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows:—*Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows:—*Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such hoard, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician can not be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or register for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*]

# RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	June 22 <sup>nd</sup> 1893
2. Name, . . . . .	Penadoring Ripley
(Maiden Name), *	
(Name of Husband), *	
3. Sex, and whether single, Married, or Widowed,	Female
4. Color, † . . . . .	White
5. Age, . . . . .	1 Years, 10 Months, 17 Days.
Disease or Cause of Death, (Primary and Secondary), †	D. B. F. Campbell
6. Duration of Sickness, . . .	Winthrop Mass
(By whom certified, . . .	Wain Street
7. Residence, . . . . .	Winthrop
8. Occupation, . . . . .	John H.
9. Place of Birth, . . . . .	Nova B. Burgess
10. Name of Father, . . . . .	Portland Me
11. Name of Mother, . . . . .	East Boston
(Maiden Name), . . . . .	Winthrop Cemetery
12. Birthplace of Father, . . .	Summer Floyd
13. Birthplace of Mother, . . .	
14. Place of Interment, . . . .	
Signature of Undertaker making the Return, . . . . .	

DATED at Winthrop, on June 22<sup>nd</sup> 1893,

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all blanks.]

[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 305; Acts of 1889, Chapter 224.]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

*4. Cummings*  
*Robt*

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\*

Roena Loring Rifeley

Age, 1yr - 10mo - 17ds

Date and Place of Death, -

died at Wrentham June 22<sup>d</sup>

1889.3

Disease or Cause of Death, -

of Whooping Cough with <sup>the Brain</sup> ~~drowning~~ Duration of Sickness 3 weeks

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician,

C. B. Hamphill

156 Huntington Ave.

Date of Certificate,

188

\*Or Sex of Infant (not named).

[May, 1888.]

[*Acts of 1888, Chapter 306.*]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician can not be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or register for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*]



# RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .
2. Name, . . . . .  
(Maiden Name) \* . . .  
(Name of Husband), † . . .
3. Sex, and whether single,  
Married, or Widowed,
4. Color, ‡ . . . . .
5. Age, . . . . .
6. Disease or Cause of Death,  
(Primary and Secondary), ‡  
(Duration of Sickness, .  
(By whom certified, .
7. Residence, . . . . .
8. Occupation, . . . . .
9. Place of Death, . . . . .
10. Place of Birth, . . . . .
11. Name of Father, . . . . .
12. Name of Mother, . . . . .  
(Maiden Name), . . . . .
13. Birthplace of Father, . . . . .
14. Birthplace of Mother, . . . . .
15. Place of Internment, . . . . .

Signature of Undertaker  
~~the~~ making  
the Return, . . . . .

DATED at Winthrop, on June 26, 1893

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

June 25" 1893.  
Mabel A Pease

" " Shumway  
Charles J. Pease  
etmale (Married)

White

20 Years, 1 Month, 27 Days.

Dr. W. C. Michael

Camerville Mass

Winthrop (Summerside Ave)  
Camerville. Mass.

George Shumway

Abbie Shumway

Loringdon W. H.

Lynch, W. H.

Cambridge Cemetery

Summer, Floyd



1304

5-6 - Certificate Done Cor & under Section 2.

June 2, 1884

[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224.]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding ten dollars.

10 Munson Street  
Somerville High School  
Oct 20th 1884  
With Certificate  
from the Board of Health

## PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\*

Mabel A. Pease

Age, 20 yrs - 1 mo 27 ds

Place and Place of Death, -

died at Winthrop (Sunnyside Ave) June 25<sup>th</sup> 1893

Case or Cause of Death, -

of Cardiac Thrombosis

Duration of Sickness

8 days

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician,

W. B. S. Michay M.D. Boston

Date of Certificate,

Jan 27

1893

\*Or Sex of Infant (not named).

[May, 1888.]

[*Acts of 1888, Chapter 306.*]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician can not be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*]

[FILL OUT WITH INK].

Date of Death, . . . June 28 1893  
Name, . . . Henry G Cooper  
(Maiden Name), . . .  
(Name of Husband),  
Sex, and whether single, Male Married  
Married, or Widowed,  
Color, . . . White  
Age, . . . 34 Years, 6 Months, 28 Days.  
Residence, . . . #9 Chinton St.  
Occupation, . . . Rubber Worker  
Place of Birth, . . . Cheltenham Mass  
Name of Father, . . . Wm R Cooper  
Name of Mother, . . . Anna Therman  
(Maiden Name), . . . Nova Scotia  
Birthplace of Father, .  
Birthplace of Mother,  
Place of Interment, . . . " " Malvern  
Wichita, June 28, 1893  
Signature of Undertaker or other person making the return. W B Jacobs

Undertaker.

Terrace Avenue Great Head



PHYSICIAN'S CERTIFICATE.

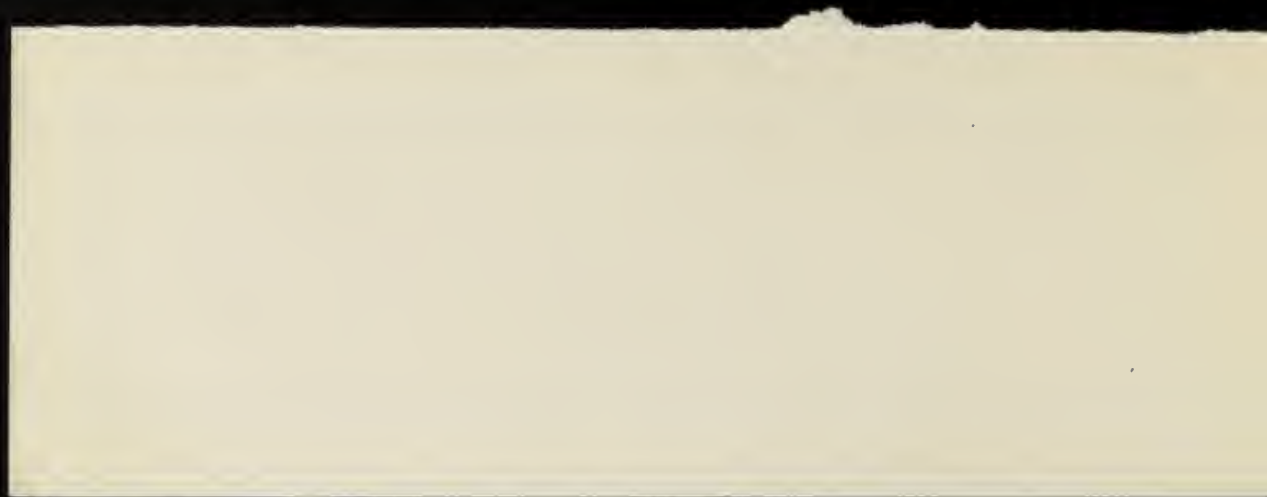
Name of Deceased, *Henry G Cooper*  
Date and Place of Death, *Winthrop*  
Disease or Cause of Death, *Typhoid Fever*  
Duration of Sickness, *about three weeks*

I certify the above is true, to the best of my knowledge and belief.

*Wm D Lamb*

Physician.

Date of Certificate, *June 28th* 189*3*





PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Wintthrop  
Boston  
Name and age of deceased: *J. K. Carrato* Age *1* yrs. *6* mos. *5* dys. 189*3*.  
Date and place of death: *June 30 '93 - Summer St. Wintthrop*  
Disease or cause of death: *Meningitis*

Duration of disease: *8 days.*

I certify that the above is true, to the best of my knowledge and belief.

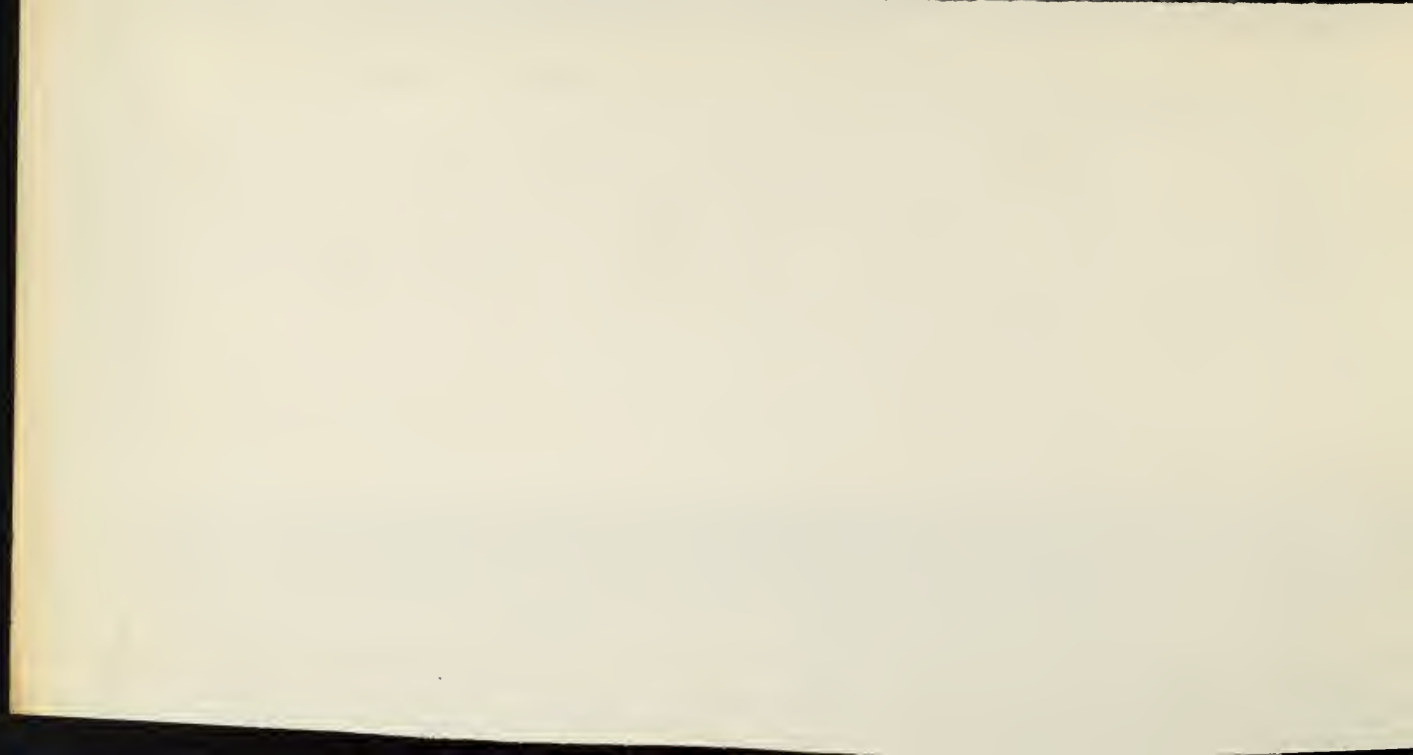
Name and residence }  
of physician. }

*W. B. Michay*  
*E. Boston*

M. D.

\*It is very desirable to be informed of the duration of the disease

The office of the Board of Health will be open for the granting of permits for burial, as follows:—Saturdays, 9 A. M. till 2 P. M.; Sundays, 10 A. M. till 12 M.; Holidays, from 10 A. M. till 12 M.; other days, from 9 A. M. till 5 P. M.



# UNDERTAKER'S RETURN.—Boston.

Date of death, *June 30* 189*3*. Name *Wm. K. Garratt*

Maiden name,\* ..... Sex, *M.*

~~Married~~, single, or ~~widow~~ of ..... wife of .....

Color *W.* Age, *1* years, *6* mos., *5* days. Residence, *Wintthrop*

Place of death (street and number), *Sammut Ave.* ward .....

Place of birth, *Wintthrop* Occupation, *Iron & Steel*

Name of father, *Wm. K.* Maiden name of mother, *Hattie A. Kenison*

Birthplace of father, *Providence R. I.* Birthplace of mother, *Weymouth Mass.*

Place of interment,† ..... *Woodlawn Cemetery*

\* If a married woman or a widow.

† Give the name of the burial ground.

Signature of Undertaker:

*C. B. Brown*



## RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

July 16  
Charles Newman White

1. Date of Death, . . .  
2. Name, . . . . .

(Maiden Name), \* . .  
(Name of Husband), \* . .

3. Sex, and whether single,  
Married, or Widowed,

male Married

4. Color, † . . . . .  
5. Age, . . . . .

White

68 Years, 10 Months, 14 Days.

(Disease or Cause of Death,  
(Primary and Secondary), †

6. Duration of Sickmess, .  
(By whom certified, .

Wentworth St  
Burkeburfer  
Wentworth

7. Residence, . . . . .  
8. Occupation, . . . . .

9. Place of Death, . . . . .  
10. Place of Birth, . . . . .

Dorset

11. Name of Father, . . . . .  
12. Name of Mother, . . . . .  
(Maiden Name),

Charman White

13. Birthplace of Father, . .

Salem New Jersey

14. Birthplace of Mother, . .

Wentworth Mass

15. Place of Interment, . .

Wentworth (Quaker)

Signature of Undertaker  
~~and~~ ~~making~~  
the Return, . . . . .

Wentworth (Quaker)

DATED at, *Wentworth*

, on

July 17<sup>th</sup> 1873

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 305; Acts of 1889, Chapter 224.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\*

Charles T. White

Age, 68-10-14

Date and Place of Death,† -

died at Winthrop

July 16<sup>th</sup> 1893.

Disease or Cause of Death, -  
(Primary and Secondary.)‡

of Pernicious Anaemia and

Duration of Sickness, - -

Heart Disease

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician, -

Samuel H. Morgan, M.D.,  
New York.

Date of Certificate, July 19

1893.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.

Plate. Ed. May, 1893. — 5,000.



[*Public Statutes, Chapter 32. as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

# RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	July 17 <sup>th</sup> 1893
2. Name, . . . (Maiden Name), * (Name of Husband), *	John Raymond Phillips
3. Sex, and whether single, Married, or Widowed,	Single
4. Color, † . . . . .	White
5. Age, . . . . .	25 Years, 1 Month, 5 Days.
6. Disease or Cause of Death, (Primary and Secondary), † Duration of Sickness, .	Is a Soldier Dying of Malaria
(By whom certified, .	Pauline Hunt
7. Residence, . . . . .	Monticello Mass
8. Occupation, . . . . .	John R.
9. Place of Death, . . . . .	Mass
10. Place of Birth, . . . . .	Mass
11. Name of Father, . . . . .	John R.
12. Name of Mother, . . . . . (Maiden Name),	Maggy
13. Birthplace of Father, .	D. B. S. Island
14. Birthplace of Mother, .	Mass
15. Place of Interment, .	Gravestone, .
Signature of Undertaker <del>the</del> Person making the Return, . . . . .	Sumner F. Long

DATED at Phillips, on July 17 1893

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
† If other than White. (M.) Mulatto. (I.) Indian. If of other races, specify what.

[Be very particular to fill all blanks.]

[Public Statutes, Chapter 32, as amended by Acts of 1838, Chapter 305; Acts of 1839, Chapter 224.]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board or agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\*

John Raymond Putnam Age, 1 Mo 5 ds

Date and Place of Death, -

died at Winthrop Pauline Street July 17<sup>th</sup> 1883

Disease or Cause of Death, -

of Infantile Respiration Duration of Sickness Four weeks

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician,

H. S. Soule Winthrop

Date of Certificate,

Aug 1<sup>st</sup>

1883

\*Or Sex of Infant (not named).

[May, 1888.]

[*Acts of 1888, Chapter 306.*]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician can not be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or register for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*]

# PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Drowned July 23  
Body came ashore on beach Aug 11

Writthrop  
Boston, Aug 11<sup>th</sup> 1893

Name and age of deceased: Joseph Murphy Age 23 yrs. .... mos. .... dys.

Date and place of death: July 23<sup>rd</sup> Writthrop

Disease or cause of death: drowning accidental

Duration of disease:\*

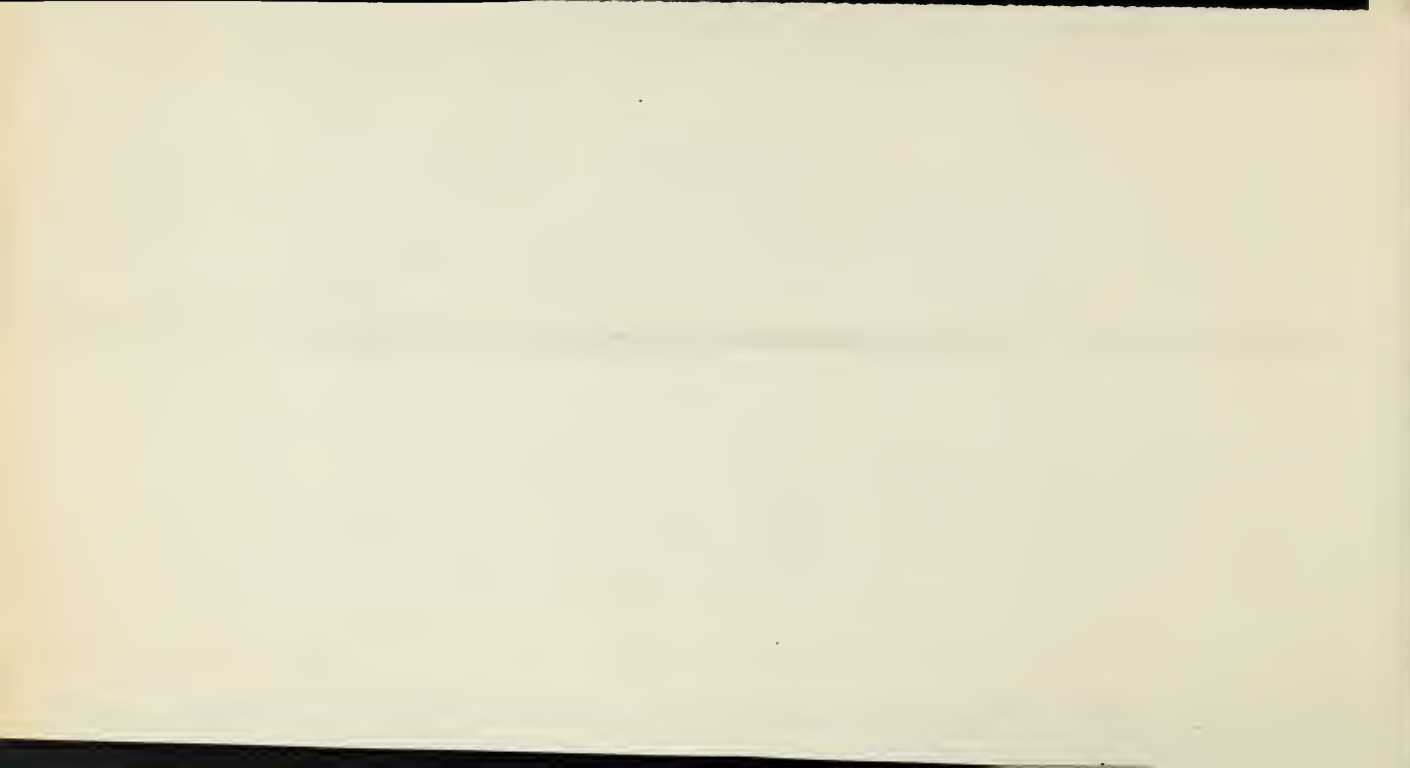
I certify that the above is true, to the best of my knowledge and belief.

Name and residence  
of physician. }

Francis Affairis M. D.  
Med. Examiner

\* It is very desirable to be informed of the duration of the disease.

The office of the Board of Health will be open for the granting of permits for burial, as follows:— Saturdays, 9 A. M. till 2 P. M.; Sundays, 10 A. M. till 12 M.; Holidays, from 10 A. M. till 12 M.; other days, from 9 A. M. till 5 P. M.





# UNDERTAKER'S RETURN. ~~Boston.~~ *Hinthrop*

Date of death, *July 23* 189*3* Name, *Joseph Murphy*

Maiden name, \* *[blank]* Sex, *Male*

Married, single, or widow of *S* wife of *[blank]*

Color, *N* Age, *23* ~~years~~ *mos.*, *[blank]* days. Residence, *53 Ferry St Charleston*

Place of death (~~street and number~~), *Accidental Drowning* *Off Fawn Bar,* ward *[blank]*

Place of birth, *Charleston* Occupation, *Clerk*

Name of father, *William M.* Maiden name of mother, *Alice Boyle*

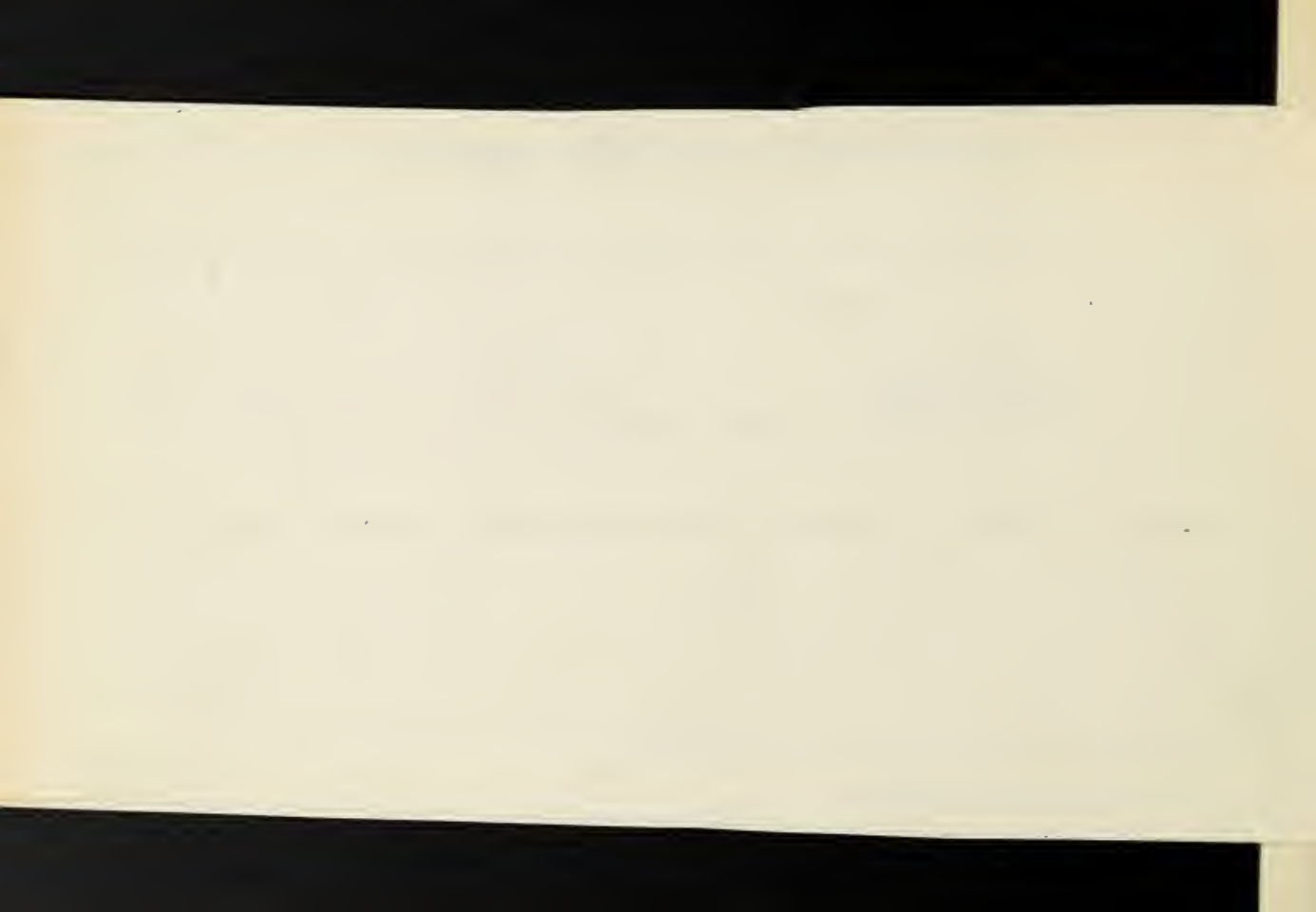
Birthplace of father, *Ireland* Birthplace of mother, *Boston*

Place of interment, † *Holy Cross Cemetery (Malden)*

\* If a married woman or a widow.

† Give the name of the burial ground.

Signature of Undertaker:



## RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	July 30 <sup>th</sup> 1893.
2. Name, . . . . . (Maiden Name) *, . . . (Name of Husband) *, . . .	Flora W. David
3. Sex, and whether single, Married, or Widowed,	Female
4. Color, † . . . . .	White
5. Age, . . . . .	2
	Years, 2 Months, 16 Days.
6. Disease or Cause of Death, (Primary and Secondary), ‡ Duration of Sickness, . . . (By whom certified, . . .	Shortly ill
7. Residence, . . . . .	St. Louis, Mo.
8. Occupation, . . . . .	Teacher
9. Place of Death, . . . . .	St. Louis, Mo.
10. Place of Birth, . . . . .	St. Louis, Mo.
11. Name of Father, . . . . .	John F. David
12. Name of Mother, . . . . . (Maiden Name), . . . . .	Elizabeth
13. Birthplace of Father, . . . . .	St. Louis, Mo.
14. Birthplace of Mother, . . . . .	St. Louis, Mo.
15. Place of Interment, . . . . .	St. Louis, Mo.
Signature of Undertaker <del>or other person</del> making the Return, . . . . .	David W. David

DATED at St. Louis, Mo., on

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\* If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion.  
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all blanks.]

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

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# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\* *Flora V. Floyd Shirley Street.* Age, *2 mo - 16 ds.*  
Date and Place of Death, - died at *Winthrop (Laurel Street) July 30, 1888*  
Disease or Cause of Death, - of *Inflammation of Brain* Duration of Sickness *One week*

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician, *H. J. Lovell Winthrop*

Date of Certificate, *Aug 1<sup>st</sup>* 188*8*

\*Or Sex of Infant (not named).

[May, 1888.]

[*Acts of 1888, Chapter 306.*]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician can not be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or register for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*]

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Somerville, August 6<sup>th</sup> 1893

Name of Deceased, Jeremiah McCarthy Age, 62 Yrs., - Mos., - Days

Place and Date of Death: Died at Cottage Ave. Wintthrop ~~Somerville~~, Aug 6<sup>th</sup> 1893

Disease or Cause of Death. Medullary Fever - & its effects

(If a Soldier who served in the War of the Rebellion, both  
the primary and secondary causes of death must be given.) \*

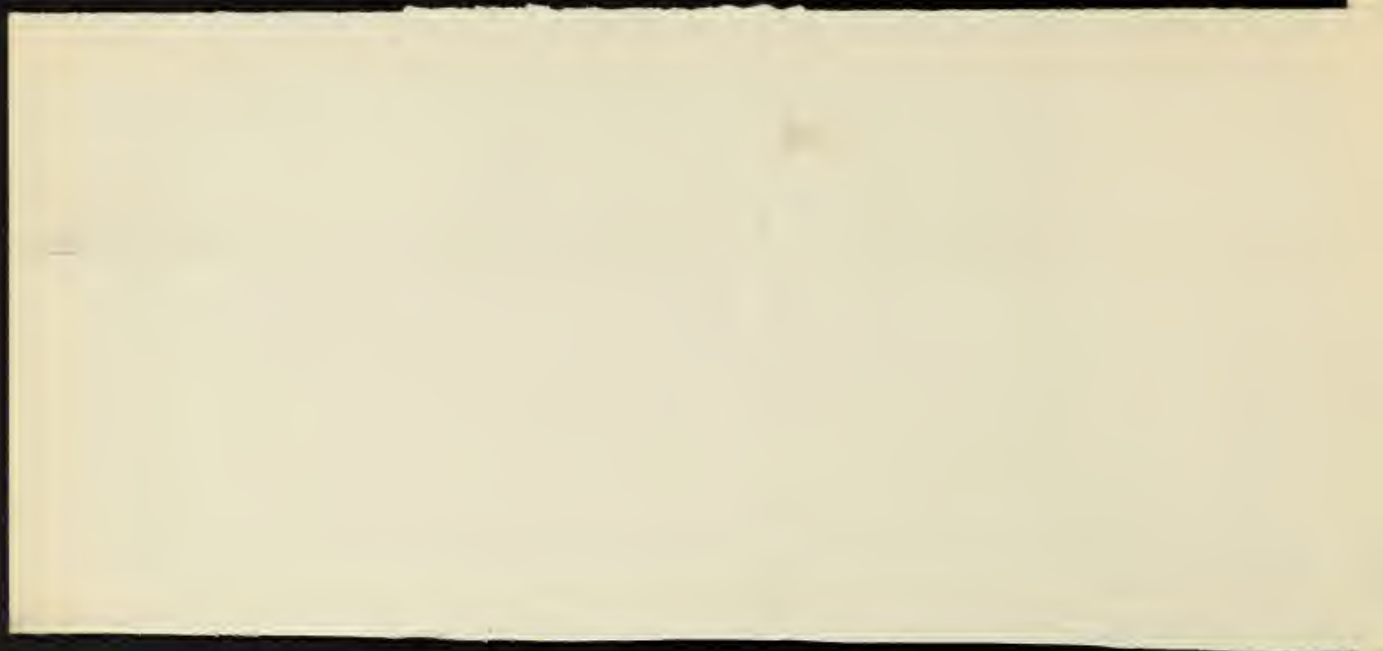
Duration of Disease, † About Eight Months.

I certify that the above is true, to the best of my knowledge and belief,

Signature of Physician, Wm D Lamb, M. D.

Residence, Cottage Avenue Wintthrop Massachusetts





# UNDERTAKER'S RETURN.

SOMERVILLE, MASS. *Winthrop 11120*

Date of Death, } *Aug 6* 189*3* Name, *Jeremiah McCarry*

Maiden Name, \* *—* Name of Husband, } \* *—*

Sex, *M* Color, † *W* Single, Married or Widowed, *—*

Age, *62* Yrs., *—* Mos., *—* Days. Residence, *22 Bond St. Somerville*  
(No.) (Street.) (Town or City and State.)

Place of Death (Street and Number), *Cattagone Winthrop St. Somerville* Ward *—*

Occupation, *—* Place of Birth, *—*

Name of Father, } *Jeremiah McCarry* Maiden Name of Mother, } *Ann Hurley*

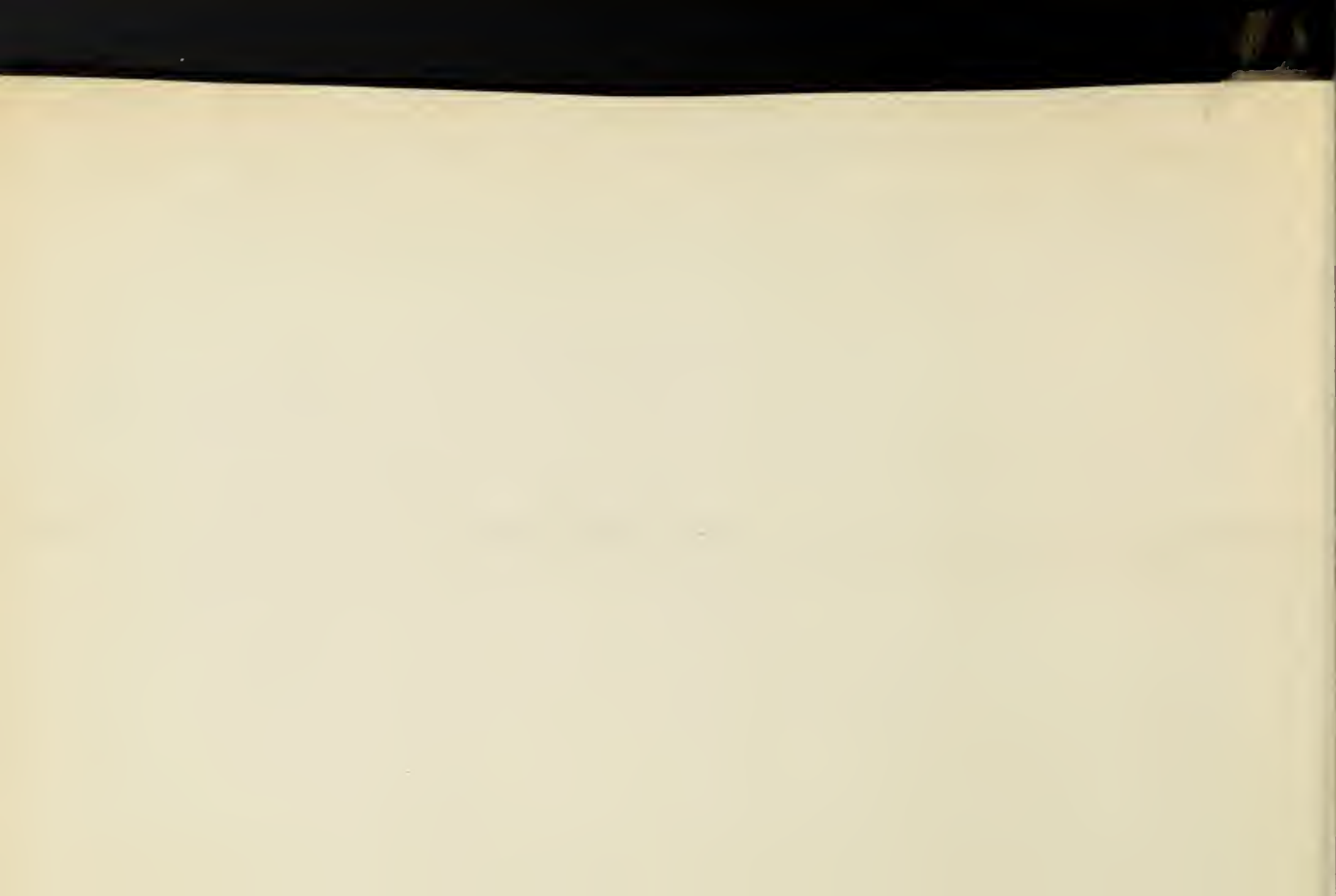
Birthplace of Father, } *Ireland* Birthplace of Mother, } *Ireland*

Place of Interment, *Staley Graves & Malden*  
(Cemetery.) (Town or City and State.)

\* If a Married woman or a Widow. † If other than White, (A) African, (M) Mulatto, (I) Indian; if of other races, specify what.

Signature of Undertaker, *P. H. Rappin*

Residence, *387 Somerville Ave.*  
(No.) (Street.) (Town or City.)



# RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	August 11 1893
2. Name, . . . . .	William J. Roberts
(Maiden Name),* . .	
(Name of Husband),* .	
3. Sex, and whether single, Married, or Widowed,	Male
4. Color, † . . . . .	White
5. Age, . . . . .	Years, 5 Months, — Days.
(Disease or Cause of Death, (Primary and Secondary), ‡	A. L. Malaria
6. Duration of Sickness, . (By whom certified, . .	Amphibious
7. Residence, . . . . .	Beach
8. Occupation, . . . . .	Smith
9. Place of Death, . . .	Living
10. Place of Birth, . . .	Living
11. Name of Father, . . .	
12. Name of Mother, . . . (Maiden Name), . . .	
13. Birthplace of Father, .	
14. Birthplace of Mother, .	
15. Place of Interment, .	
Signature of Undertaker <del>or other person</del> making the Return, . . . . .	William J. Roberts

DATED at Providence, on August 11 1893

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
 ‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 305; Acts of 1889, Chapter 224.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\*

William Robisheav

Age, 5 Months

Date and Place of Death,†

died at Wintrop (Read Tree) Aug 11 1893.

Disease or Cause of Death, -

of Cholera Infantum

(Primary and Secondary.)‡

Duration of Sickness, -

Three Days

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician,

Alexander L. M. C. Ormiston M.D.  
Boston

Date of Certificate,

Aug 12<sup>th</sup> 1893.

\* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.



## RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	December 17 <sup>th</sup> 1893
2. Name, . . . . . (Maiden Name), *	Leode W. Gentsch
(Name of Husband), *	—
3. Sex, and whether single, Married, or Widowed,	Male Married
4. Color, † . . . . .	White
5. Age, . . . . .	83 Years, 4 Months, 17 Days.
(Disease or Cause of Death, (Primary and Secondary), †	
6. Duration of Sickness, . (By whom certified, . . . . .)	Virginia Moore
7. Residence, . . . . .	Tamara
8. Occupation, . . . . .	Practicing Nurse
9. Place of Death, . . . . .	Chelona, Iowa
10. Place of Birth, . . . . .	Washington
11. Name of Father, . . . . .	Hamuel
12. Name of Mother, . . . . . (Maiden Name),	Charles
13. Birthplace of Father, . . . . .	Chelona
14. Birthplace of Mother, . . . . .	Washington
15. Place of Internment, . . . . .	Swissvale, Pa.
Signature of Undertaker <del>or other person making</del> the Return, † . . . . .	
Dated at <u>Northrup</u> , on <u>December 18</u> , 18 <u>93</u>	

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\*

George H. Troobing

Age,

83-4-17

Date and Place of Death, -

died at

Winthrop ("Wash" Oremie) Aug 17<sup>th</sup> 1883

Disease or Cause of Death, -

of

Old age

Duration of Sickness

five days

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician,

Chas H Eastman

Date of Certificate,

Aug 21<sup>st</sup> 1883

\*Or Sex of Infant (not named).

[May, 1888.]

[*Acts of 1888, Chapter 306.*]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows:— *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows:— *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician can not be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or register for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*]

# RETURN OF A DEATH.

1. Date of Death . . . . .	August 19 <sup>th</sup> 1893
2. Name of Deceased . . . . .	Edw. M. Edinwall
(Maiden Name)* . . . . .	
(Husband's Name)* . . . . .	
3. Sex . . . . .	Male
4. Color† . . . . .	White
5. Condition, whether Single, Married, or Widowed . . . . .	Married
6. Age . . . . .	39 Years, 1 Month, 15 Days.
7. Disease or Cause of Death . . . . .	{ Tuberculosis of Lungs & Brain " Meningitis
By whom certified . . . . .	Dr. F. W. Vogel
8. Residence . . . . .	Winthrop Beach Mass.
9. Occupation (If over 14 years old). . . . .	Watchmaker
10. Place of Death . . . . .	Winthrop Beach Mass.
11. Place of Birth . . . . .	Franklin Mass.
12. Name of Father . . . . .	Edw. Edinwall
13. Birthplace of Father . . . . .	Medway Mass.
14. Name of Mother . . . . .	Margaret H. Edinwall
15. Maiden Name of Mother . . . . .	" " Love
16. Birthplace of Mother . . . . .	Carleton Mass.
17. Place of Internment . . . . .	Cambridge Semetery
Signature of undertaker, <del>or</del> <del>other person sending the</del> <del>body</del> . . . . .	A. J. Long

Cambridge, August 21<sup>st</sup> 1893

\* If a Married Woman or a Widow.

† (W) White; (A) African; (M.) Mixed White and African. If other Race, specify what.

Be very Particular to fill all Blanks in Ink.

## Extract from Section 2 of Chapter 306 of the Legislative Acts of 1888.

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No undertaker, sexton, or other person shall bury in a city or town, or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent, or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician can not be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health, or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or register for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.



## RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . . August 24 1898
2. Name, . . . Stephen Bonifant  
(Maiden Name) . . .
- (Name of Husband), \*
3. Sex, and whether single, Married, or Widowed, . . .
4. Color, † . . . White
5. Age, . . . 9 Years, 9 Months, 29 Days.
- (Disease or Cause of Death, (Primary and Secondary), †
6. Duration of Sickness, . . .
- (By whom certified, . . .
7. Residence, . . . Littleton, Mass.
8. Occupation, . . . Farmer
9. Place of Death, . . . Littleton, Mass.
10. Place of Birth, . . . Littleton, Mass.
11. Name of Father, . . . Henry
12. Name of Mother, . . . Rebecca
- (Maiden Name)
13. Birthplace of Father, . . . Littleton, Mass.
14. Birthplace of Mother, . . . Littleton, Mass.
15. Place of Internment, . . . Littleton, Mass.
- Signature of Undertaker  
~~or other person making~~  
the Return, . . .

DATED at Littleton, . . . , on August 25 1898.

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
 † If other than White. (M.) Mulatto. (L.) Indian. If of other Races, specify what.

(Be very particular to fill all Blanks.)

Plate. Ed. May, 1893.—5,000.



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[*Public Statutes, Chapter 32. as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

20

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\*

J. Harry Bow

Age,

9 Mos 20 ds

Date and Place of Death, -

died at

Winthrop (Heron Street

Aug 24<sup>th</sup> 1889

Disease or Cause of Death, -

of

Cholera Infantum

Duration of Sickness

7 Days

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician,

D. E. Johnson

Winthrop, Mass.

Date of Certificate,

Aug. 26<sup>th</sup> 1889

\*Or Sex of Infant (not named).

[May, 1888.]

[*Acts of 1888, Chapter 306.*]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician can not be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or register for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*]

## RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . . . .
2. Name, . . . . .  
(Maiden Name), \* . . . .  
(Name of Husband), \* . . . .
3. Sex, and whether single,  
Married, or Widowed,
4. Color, † . . . . .
5. Age, . . . . .
6. Duration of Sickness, . . . . .  
(Disease or Cause of Death,  
(Primary and Secondary), † . . . . .  
(By whom certified, . . . . .
7. Residence, . . . . .
8. Occupation, . . . . .
9. Place of Death, . . . . .
10. Place of Birth, . . . . .
11. Name of Father, . . . . .
12. Name of Mother, . . . . .  
(Maiden Name), . . . . .
13. Birthplace of Father, . . . . .
14. Birthplace of Mother, . . . . .
15. Place of Interment, . . . . .

Signature of Undertaker  
or other person making  
the Return, . . . . .

DATED at

, on

18

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

(Be very particular to fill all Blanks.)

700  
C. 5. 11. 11. 6-0

[Public Statutes, Chapter 32. as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\*

Frank E. Phipps

Age, 2 yrs 1 mo 25 d

Date and Place of Death, -

died at Sorrento Cottage West Ave Winthrop Beach at 2.25 A.M. Aug 29/83

Disease or Cause of Death, -

of Apoplexy

Duration of Sickness

Fatal symptoms

appeared Aug 23<sup>1883</sup>

Previous illness

one and one half yrs

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician,

Edward F. Gage Perkins St Winthrop Beach.

Date of Certificate, Aug 29

1883.

\*Or Sex of Infant (not named).

[May, 1888.]



[*Acts of 1888, Chapter 306.*]

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician can not be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or register for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*]



# PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Cambridge, *September 5* 18*93*

Name of Deceased,\* *Lowell M. Wiswell*

Age of Deceased, aged *39* years, *1* months, *15* days,

Date and Place of Death, died at *Winthrop Beach* *August 19* 18*93*

Disease or Cause of Death of { *Tubercular? Meningitis*

Duration of Sickness, The Duration of Sickness was *four weeks*

*I certify that the above is true, to the best of my knowledge and belief.*

Name and Residence of Certifying Physician, *Fred W. Vogel, 219 Warren*  
*Street*  
*Boston*

\*Or Sex of Infant (not named).

Extract from Section 1 of Chapter 300 of the Legislative Acts of 1886.

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A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

## RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Sept 12 <sup>th</sup> 1898
2. Name, . . . (Maiden Name), *	Nancy Love Caswell " " Sangford
3. Sex, and whether single, Married, or <del>widowed</del> , White	Edward Danks to Caswell
4. Color, †	White
5. Age, . . .	60 Years, 5 Months, 5 Days.
6. Disease or Cause of Death, (Primary and Secondary), ‡ Duration of Sickness, (By whom certified,	Death by Emery
7. Residence, . . .	Lynn Mass
8. Occupation, . . .	Winthrop
9. Place of Death, . . .	Bowdoinham Me
10. Place of Birth, . . .	James Sangford
11. Name of Father, . . .	Nancy Potter
12. Name of Mother, (Maiden Name), . . .	Bowdoinham
13. Birthplace of Father, . . .	Browlee Me
14. Birthplace of Mother, . . .	Augusela Me
15. Place of Internment, . . .	subsequently removed to Winthrop & interred in the Cemeteries, Floyd
Signature of Undertaker <del>with person making</del> the Return, . . .	
Dated at <u>Winthrop</u> , on <u>September 12</u> 18 <u>93</u>	

\* If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion.

† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

(Be very particular to fill all Blanks.)

7804

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

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# PHYSICIAN'S CERTIFICATE.

911

Name and Age of Deceased,\*

Fancy Love Caswell

Age, 60 yrs 5 mos 5 ds

Date and Place of Death,†

died at W. Highlands September 12 " 1893.

Disease or Cause of Death, -  
(Primary and Secondary.)‡

of Marasmus Senilis.

Duration of Sickness, -

Failing for five years. Sick in bed to my knowledge since

I certify that the above is true, to the best of my knowledge and belief.

July 21, 93.

Signature and Residence of Certifying Physician,...

274 - Mendon St  
East Boston.

H. Newell Emery M.D.

Date of Certificate, September 13<sup>th</sup> 1893.

\* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.

Plate. Ed. May, 1893. — 5,000.

*[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]*

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.



## RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Sept. 26 <sup>th</sup> 1893
2. Name, . . . . .	Pymon Coffin
(Maiden Name), *	
(Name of Husband), *	
3. Sex, and whether single, Married, or Widowed,	Male
4. Color, † . . . . .	White
5. Age, . . . . .	56 Years, Months, Days.
(Disease or Cause of Death, (Primary and Secondary), †	Cholera
6. Duration of Sickness, . . . . .	2 1/2 hours
(By whom certified, . . . . .	Carpenter
7. Residence, . . . . .	North Avenue
8. Occupation, . . . . .	9th Island
9. Place of Death, . . . . .	Kniboll
10. Place of Birth, . . . . .	Nancy, Sterns
11. Name of Father, . . . . .	9th Island
12. Name of Mother, . . . . .	9th Island
(Maiden Name), . . . . .	Maneton and Golia
13. Birthplace of Father, . . . . .	
14. Birthplace of Mother, . . . . .	
15. Place of Interment, . . . . .	
Signature of Undertaker	Ammon Foye
<del>the</del> Return, . . . . .	

DATED at Whitford, on Sept 26<sup>th</sup> 1893

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
 † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]



[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

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# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\*

Huncan Coffin

Age, 56 years

Date and Place of Death,†

died at Wintthrop (North Avenue) Sept 25<sup>th</sup> 1893.

Disease or Cause of Death, -  
(Primary and Secondary.)‡

of Pulmonary Tuberculosis

Duration of Sickness, - -

8

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician,

J. E. Johnson. M.D.

Date of Certificate,

Sept 26 1893.

\* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.  
Plate. Ed. May, 1893. — 5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.

[*Public Statutes, Chapter 32 as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

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## RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .
2. Name, . . . . .  
(Maiden Name), \*  
(Name of Husband), \*
3. Sex, and whether single,  
Married, or Widowed,
4. Color, † . . . . .
5. Age, . . . . .  
(Disease or Cause of Death,  
(Primary and Secondary), †
6. Duration of Sickness, . . . . .  
(By whom certified, . . . . .
7. Residence, . . . . .
8. Occupation, . . . . .
9. Place of Death, . . . . .
10. Place of Birth, . . . . .
11. Name of Father, . . . . .
12. Name of Mother, . . . . .  
(Maiden Name),
13. Birthplace of Father, . . . . .
14. Birthplace of Mother, . . . . .
15. Place of Internment, . . . . .

Signature of Undertaker  
~~whether person~~ making  
 the Return, . . . . .

DATED at

, on

1894

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
 † If other than White, (M.) Mulatto. (I.) Indian. If of other Races, specify what.

(Be very particular to fill all blanks.)

Plate. Ed. May, 1893.—5,000.

[Public Statutes, Chapter 32. as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

22007

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\* *Louis Napoleon Shorte* Age, *55 years*  
Date and Place of Death,† - died at *Northrop (Ocean Spray) Sept 27 1893.*  
Disease or Cause of Death, - of *Carcinoma of Stomach*  
(Primary and Secondary.)‡  
Duration of Sickness, - - *Four weeks*

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician,

*Horace J. Seale*

Date of Certificate,

*Sept 21<sup>st</sup>*

*1893*

\* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.



[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.



# RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred,

1. Date of Death, . . .	October 4 <sup>th</sup> 1893
2. Name, . . . . . (Maiden Name), * . . . . (Name of Husband), * . . . .	Lucas Thoburn Thompson Larned Female
3. Sex, and whether single, Married, or Widowed,	Widow
4. Color, † . . . . .	White
5. Age, . . . . . (Disease or Cause of Death, (Primary and Secondary), ‡ . . . . . Duration of Sickness, . . . . . (By whom certified, . . . . .	66 Years, Months, Days. Do Laid
6. Residence, . . . . .	Shutbury Mass
7. Occupation, . . . . .	
8. Place of Death, . . . . .	Shutbury Mass
9. Place of Birth, . . . . .	Hamlet N. H.
10. Name of Father, . . . . .	Amos B
11. Name of Mother, . . . . . (Maiden Name), . . . . .	Phoebe W. Thayer
12. Birthplace of Father, . . . . .	Hamlet N. H.
13. Birthplace of Mother, . . . . .	" "
14. Place of Interment, . . . . .	West Hill Cemetery
Signature of Undertaker <del>or other person making</del> the Return, . . . . .	Summer Floyd
DATED at <i>Shutbury</i> , on <i>October 5</i> 18 <i>93</i>	

\* If a Married Woman or Widow, † If a Soldier who served in the War of the Rebellion.  
‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

100-9-9

[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

100-9-9

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\*

Dustin W. Neal

Age, 66 years

Date and Place of Death,†

died at Winthrop (Winthrop Street) Oct 4<sup>th</sup> 1893.

Disease or Cause of Death, -  
(Primary and Secondary.)‡

of Myocarditis (Heart Disease)

Duration of Sickness, - -

Six weeks

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician,

Horace F. Hovey M.D. Winthrop

Date of Certificate,

Oct 7<sup>th</sup>

1893.

Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion

Plate. Ed. May, 1893. — 5,000.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

# RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	October 10 <sup>th</sup> 1893		
2. Name, . . . . . (Maiden Name) *, . . . (Name of Husband) *, . . .	Mary E. Turner		
3. Sex, and whether single, Married, or Widowed,	Single		
4. Color, † . . . . .	White		
5. Age, . . . . .	28 Years,	7 Months,	25 Days.
Disease or Cause of Death, (Primary and Secondary), †	Winthrop mass		
6. Duration of Sickness, . . . (By whom certified, . . .	Rever A. A. -		
7. Residence, . . . . .	Ara Goshia		
8. Occupation, . . . . .	Thana <sup>2</sup>		
9. Place of Death, . . . . .	Harriett P. McClure		
10. Place of Birth, . . . . .	Ara Goshia		
11. Name of Father, . . . . .	Ara Goshia		
12. Name of Mother, . . . . . (Maiden Name), . . . . .	Ara Goshia		
13. Birthplace of Father, . . . . .	Ara Goshia		
14. Birthplace of Mother, . . . . .	Ara Goshia		
15. Place of Interment, . . . . .	Ara Goshia		
Signature of Undertaker or other person making the Return, . . . . .			

Dated at Winthrop, on Oct 10 1893.

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]



200000

[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 26.]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in the city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or to the clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in the absence thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or the physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

Rec. 33,70

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\*

*Mary L.*

*Turner*

Age, *26 years*

Date and Place of Death,†

died at *Winthrop Oct 10th*

*1893.*

Place or Cause of Death, -

of *General Paralysis following Spinal curvature*

Primary and Secondary.‡

Duration of Sickness, -

*About six months.*

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician,...

*Horace J. Soule M.D. Winthrop Mass*

Date of Certificate, ..

*Oct 10th*

*1893.*

Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.

Plate. Ed. May, 1893. — 5,000.



[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

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# RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	October 10 <sup>th</sup> 1893
2. Name, . . .	Mary Bea
(Maiden Name), *	X Taylor
(Name of Husband), *	James E Bea
3. Sex, and whether single, Married, or Widowed,	W
4. Color, † . . .	White
5. Age, . . .	68 Years, ~ Months, — Days.
(Disease or Cause of Death, (Primary and Secondary), †)	Dr. Cause
6. Duration of Sickness, (By whom certified, . . .)	Wm. H. H. H.
7. Residence, . . .	Wm. H. H.
8. Occupation, . . .	Wm. H. H.
9. Place of Death, . . .	Dublin Ireland
10. Place of Birth, . . .	Wm. H. H.
11. Name of Father, . . .	Wm. H. H.
12. Name of Mother, (Maiden Name), . . .	Ireland
13. Birthplace of Father, . . .	Ireland
14. Birthplace of Mother, . . .	Ireland
15. Place of Interment, . . .	Greenwood Cemetery
Signature of Undertaker <del>who performed</del> making the Return, . . .	Summer Floyd

DATED at *Wilmington*, on *October 10<sup>th</sup> 1893*

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion, ‡ If other than White. (M.) Mulatto. (I.) Indian. If of other races, specify what.

[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he reside.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall with countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not ing fifty dollars.

22 718

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\*

Mary Rea

Age, 68 years.

Date and Place of Death,†

died at Northrop (Underhill Street) Oct 18, 1893.

Disease or Cause of Death, -  
(Primary and Secondary.)‡

of Cancer of Stomach

Duration of Sickness, -

Not known

I certify that the above is true, to the best of my knowledge and belief.

and Residence of Certifying Physician,

H. S. Soule M.D. Winthrop Mass.

Date of Certificate, Oct 11<sup>th</sup> 1893.

ant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.

Plate. E. May, 1893. — 5,000.

RETI

[*Public Statutes, Chapter 32 as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

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## RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Oct 26 1893.
2. Name, . . . . . (Maiden Name), * . . . . (Name of Husband), * . . . .	Charles Thirston Johnson.
3. Sex, and whether single, Married, or Widowed,	Male Married
4. Color, † . . . . .	White
5. Age, . . . . .	55 Years, — Months, 10 Days.
6. (Disease or Cause of Death, (Primary and Secondary), †) (Duration of Sickness, . . . . .) (By whom certified, . . . . .)	Skintrop, Mass.
7. Residence, . . . . .	Skintrop, Mass.
8. Occupation, . . . . .	Belengyanan.
9. Place of Death, . . . . .	Skintrop, Mass.
10. Place of Birth, . . . . .	Malabar, Mass.
11. Name of Father, . . . . .	William H. Johnson.
12. Name of Mother, . . . . . (Maiden Name), . . . . .	Lucy Skyles.
13. Birthplace of Father, . . . . .	Malabar, Mass.
14. Birthplace of Mother, . . . . .	Sterling, Mass.
15. Place of Interment, . . . . .	Malabar, Mass.
Signature of Undertaker <del>or other person making the Return,</del> . . . . .	Summer Floyd
DATED at	Skintrop, MA
	October 26 1893

\* If a Married Woman or Widow, † If a Soldier who served in the War of the Rebellion.  
 † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 265]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or the physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.



# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\*

Charles Thurston Johnson

Age, *fe 55*

Date and Place of Death,†

died at *Winthrop - Oct 26*

*1893.*

Disease or Cause of Death, -  
(Primary and Secondary.)‡

of *Tuberculosis disseminata*

Duration of Sickness, -

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician,

*Henry O. Marcy M.D.*  
*180 Commonwealth Ave. Boston*

Date of Certificate, *Oct 26<sup>th</sup>*

*1893.*

Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion

[*Public Statutes, Chapter 32 as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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# RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

October 20<sup>th</sup> 1893

Hannah Fendley

Male

Henry Custer

Female

Married

White

Jan 3/92

75 Years, 9 Months, 27 Days.

In Warsaw

Wentworth

Hamlet

Pleasant Street

Chelsoe

William

Hamlet

Director

Land-Griff

Wentworth

Hamlet

Signature of Undertaker  
or other person making  
the Return, . . . . }

DATED at Hamlet

, on

Nov 15

18

93

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

(Be very particular to fill all blanks.)

Plate. Ed. May, 1893. — 5,000. O

3-9 20-27 5.00  
Bry 4.00  
[Public Statutes, Chapter 32 as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]

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SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\*

*Hannah Leakesbury*

Age, *75 yrs 9 mos 27 d.*

Date and Place of Death,†

died at *Wintthrop, Pleasant St.*

*Oct. 30<sup>th</sup> 1893.*

Disease or Cause of Death, -  
(Primary and Secondary.)‡

of *Cancer*

Duration of Sickness, -

*I certify that the above is true, to the best of my knowledge and belief.*

Signature and Residence of Certifying Physician,

*N. A. Morrison, 80 Princeton St. E. Boston*

Date of Certificate,

*Oct. 31 1893.*

Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.



*[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]*

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## RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	January 2 <sup>nd</sup> 1893		
2. Name, . . . . .	Frances Rebecca Munroe		
(Maiden Name), * . .			
(Name of Husband), * . .	Female		
3. Sex, and whether single, Married, or Widowed,			
4. Color, † . . . . .	Mule		
5. Age, . . . . .	1 Year,	Months, 11	Days.
Disease or Cause of Death, (Primary and Secondary), †			
6. Duration of Sickness, . .			
(By whom certified, . . .	Physician		
7. Residence, . . . . .			
8. Occupation, . . . . .	Butcher Street		
9. Place of Death, . . . . .	Northbrook		
10. Place of Birth, . . . . .	Michael J.		
11. Name of Father, . . . . .	Julia E.		
12. Name of Mother, . . . . .	New York		
(Maiden Name), . . . . .	Frank		
13. Birthplace of Father, . .	Holy Cross Cemetery		
14. Birthplace of Mother, . .	Summer Floyd		
15. Place of Interment, . . .			
Signature of Undertaker <del>the</del> Return, . . . . .	making		

DATED at Northbrook, on Nov 10<sup>th</sup> 1893

\* If a Married Woman or Widow, † If a Soldier who served in the War of the Rebellion.  
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]



[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]

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# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\*

France, R. Monahan

Age, 1 yr 11 days

Place and Place of Death,†

died at Winstrop November 9<sup>th</sup>

1893.

Primary Cause of Death, -  
(Primary and Secondary.)†

of Membranous Croup

History of Sickness, -

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician,

H. S. Soule Winstrop

Date of Certificate,

Nov 11<sup>th</sup>

1893.

of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

† If a soldier or sailor who served in the War of the Rebellion.

[ *Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263*

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# RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	November 18, 1880
2. Name, . . . . .	William R. Silva
(Maiden Name), . .	—
(Name of Husband),*	—
3. Sex, and whether single, Married, or Widowed,	Male
4. Color,† . . . . .	White
5. Age, . . . . .	72 Years, 8 Months, 26 Days.
(Disease or Cause of Death, (Primary and Secondary).‡	—
6. Duration of Sickness, . .	—
(By whom certified, . . .	—
7. Residence, . . . . .	—
8. Occupation, . . . . .	—
9. Place of Death, . . . .	—
10. Place of Birth, . . . .	—
11. Name of Father, . . . .	—
12. Name of Mother, . . . .	—
(Maiden Name), . . . .	—
13. Birthplace of Father, . .	—
14. Birthplace of Mother, . .	—
15. Place of Interment, . .	—
Signature of Undertaker or other person making the Return, . . . . .	—

DATED at Waltham, on June 12, 1880

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\*

William B. Boyles

Age, 72 y - 8 m - 28 d.

Date and Place of Death,†

died at Winthrop Mass Nov-13 1893.

Disease or Cause of Death, -  
(Primary and Secondary.)‡

of Myocarditis

Duration of Sickness, -

June 11 '93 to Nov. 13 '93

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician,

J. E. Johnson. Winthrop

Date of Certificate,

Nov. 15 - 1893.

Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.



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# RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

November 13<sup>th</sup> 1893  
 Steelton, Pa.

1. Date of Death, . . .

2. Name, . . .

(Maiden Name), \*

(Name of Husband), \*

3. Sex, and whether single,

Married, or Widowed,

4. Color, † . . .

5. Age, . . .

(Disease or Cause of Death,  
 (Primary and Secondary), †

6. Duration of Sickness, .

(By whom certified,

7. Residence, . . .

8. Occupation, . . .

9. Place of Death, . . .

10. Place of Birth, . . .

11. Name of Father, . . .

12. Name of Mother, . . .  
 (Maiden Name),

13. Birthplace of Father, .

14. Birthplace of Mother, .

15. Place of Internment, .

Signature of Undertaker  
 or other person making  
 the Return, . . .

DATED at

, on

Nov 13<sup>th</sup>

1893

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
 † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\*

Stillborn Infant

Age,

Date and Place of Death,†

died at

Winthrop (Main Street) Nov 13 1893.

Disease or Cause of Death, -  
(Primary and Secondary.)‡

of

Still Born

Duration of Sickness, -

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician,

H. S. Lucie Winthrop

Date of Certificate,

Dec 11<sup>th</sup>

1893.

Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.

*[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263]*

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.



# RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . . *November 29<sup>th</sup> 1893*  
 2. Name, . . . *William (Gentry)*  
 (Maiden Name)\*  
 (Name of Husband)\*  
 3. Sex, and whether single, *Male*  
 Married, or Widowed, *Single*  
 4. Color, † . . . *White*  
 5. Age, . . . *37* Years, *8* Months, *29* Days.  
 (Disease or Cause of Death, (Primary and Secondary), ‡  
 6. Duration of Sickness, . . . *F. T. Cholera morbus*  
 (By whom certified, . . . *Robert D. . .*  
 7. Residence, . . . *Franklin Co. . .*  
 8. Occupation, . . . *Farmer*  
 9. Place of Death, . . . *Home*  
 10. Place of Birth, . . . *Henry Co. Va.*  
 11. Name of Father, . . . *John G. . .*  
 12. Name of Mother, . . . *Mary G. . .*  
 (Maiden Name),  
 13. Birthplace of Father, . . . *Virginia*  
 14. Birthplace of Mother, . . . *North Carolina*  
 15. Place of Interment, . . . *Franklin Co. Va.*  
 Signature of Undertaker }  
~~at other person making~~  
 the Return, . . .

DATED at *Franklin Co. Va.*, on *December 1* 189*3*

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
 ‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]



[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 305; Acts of 1889, Chapter 224.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board or agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

# PHYSICIAN'S CERTIFICATE.

*H. C. Lyman*  
*Crane*

Name and Age of Deceased,\*

*Stillborn (twins)*

Age, *—*

Date and Place of Death,†

died at *Winthrop November*

*29* 189 *3*.

Disease or Cause of Death, -  
(Primary and Secondary.)‡

of *Still born*

Duration of Sickness, -

I certify that the above is true, to the best of my knowledge and belief. *D. W. Lyman*

Signature and Residence of Certifying Physician,  
M.D.

*Winthrop Highlands Mass*

Date of Certificate, *Dec.* 189 *3*.

of Infant (not named). If stillborn so state. † If child died immediately after birth so state. ‡ If a soldier or sailor who served in the War of the Rebellion.  
Plate. Ed. May, 1893. — 5,000.

[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

## RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Dec 24/1892
2. Name, . . . . . (Maiden Name),* (Name of Husband),*	Robert Emmet Ryan
3. Sex, and whether single, Married, or Widowed,	Female
4. Color,† . . . . .	White
5. Age, . . . . . (Disease or Cause of Death, (Primary and Secondary), ‡ Duration of Sicknes, . (By whom certified, .	2 Years, 3 Months, 3 Days. L. A. Ryan
6. Duration of Sicknes, .	
7. Residence, . . . . .	
8. Occupation, . . . . .	
9. Place of Death, . . . . .	
10. Place of Birth, . . . . .	11'
11. Name of Father, . . . . .	William Ryan
12. Name of Mother, . . . . . (Maiden Name),	William Ryan
13. Birthplace of Father, . . . . .	William Ryan
14. Birthplace of Mother, . . . . .	William Ryan
15. Place of Interment, . . . . .	William Ryan
Signature of Undertaker <del>or other person making</del> the Return, . . . . .	William Ryan

DATED at

, on

1892

\* If a Married Woman or Widow, † If a Soldier who served in the War of the Rebellion.  
 ‡ If other than White. (M.) Mulatto. (I.) Indian. If of other races, specify what.

[Be very particular to fill all Blanks.]

[Public Statutes, Chapter 32, as amended by Acts of 1833, Chapter 305; Acts of 1839, Chapter 224.]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

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# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\*

Ruth Emma Wyman

Age, 2 yrs 3 ds

Date and Place of Death,†

died at Winthrop, Charles Street Dec 24 1893;

Disease or Cause of Death, -  
(Primary and Secondary.)‡

of Peritonitis

Duration of Sickness, -

Three weeks

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician,

Horace J. Doole MD Winthrop

Date of Certificate,

Dec 28

1893.

Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.  
Plate. Ed. May, 1893. — 5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.



*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]*

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Dec 28 1893
2. Name, . . .	William D. Dyer
(Maiden Name), *	William Dyer
(Name of Husband), *	William Dyer
3. Sex, and whether single, Married, or Widowed,	Single
4. Color, † . . .	White
5. Age, . . .	77 Years, 4 Months, 12 Days.
Disease or Cause of Death, (Primary and Secondary), †	In Cancer
6. Duration of Sickness, . . .	10 1/2
(By whom certified, . . .	Dr. J. H. Dyer
7. Residence, . . .	Amherst, Mass.
8. Occupation, . . .	Farmer
9. Place of Death, . . .	Amherst, Mass.
10. Place of Birth, . . .	Bellevue
11. Name of Father, . . .	Richard Dyer
12. Name of Mother, . . .	Abigail Dyer
(Maiden Name),	Abigail Dyer
13. Birthplace of Father, . . .	Bellevue, Mass.
14. Birthplace of Mother, . . .	Bellevue, Mass.
15. Place of Interment, . . .	Amherst, Mass.
Signature of Undertaker <del>at other person's</del> making the Return, . . .	William Dyer

DATED at Amherst, on Dec 29, 1893

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
† If other than White. (M.) Mulatto. (I.) Indian. If of other races, specify what.

[Bo very particular to fill all Blanks.]

[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 224]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the date of his death, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child, immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body unless he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or, in the absence thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or a physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is issued shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\* *Bally T. Floyd* <sup>20 yrs d.</sup> Age, *79-4-12*

Date and Place of Death,† - died at *Winthrop Locust Street Dec 28 1893*

Disease or Cause of Death, - of *Enlargement of the Heart*  
(Primary and Secondary.)‡

Duration of Sickness, - - *One year*

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician, *H. S. Smith*

Date of Certificate, *Dec 29<sup>th</sup>* 1893

\* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.  
Plate. Ed. May 1893. — 5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.

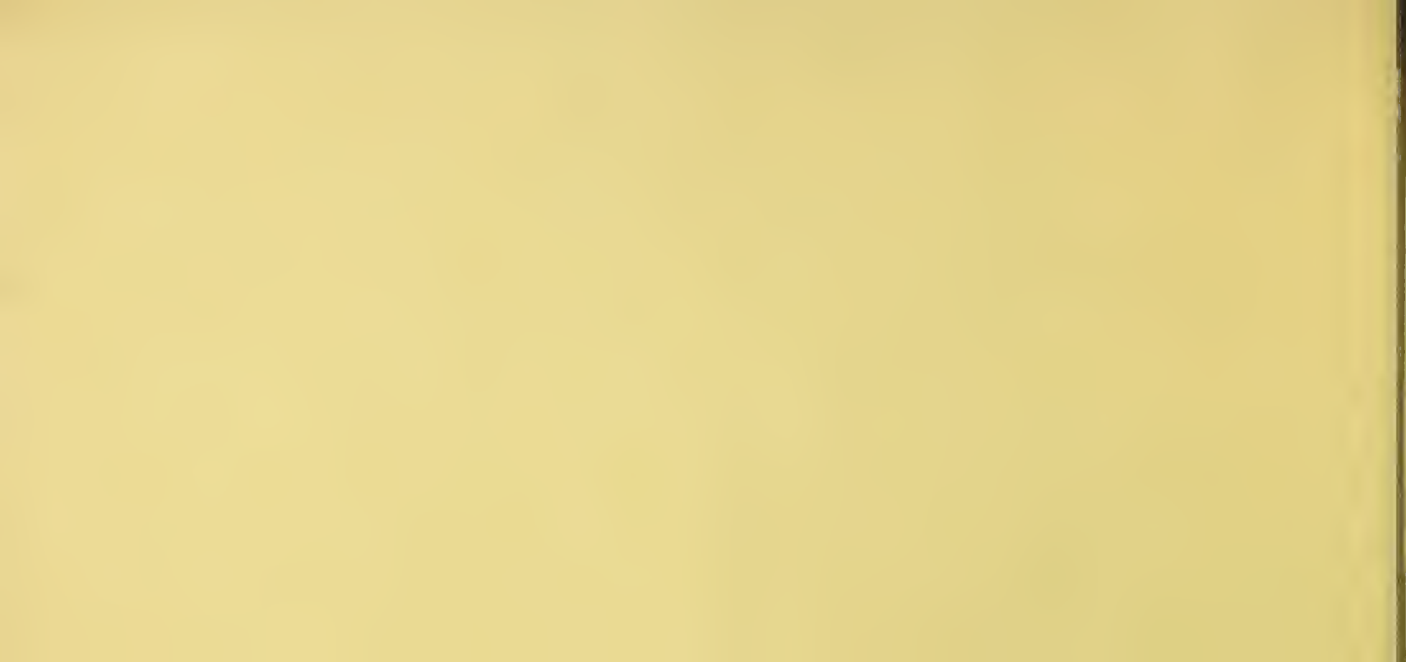
[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.







# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\*

Frederick Wentworth

Age, 1 yr - 29 ds

Date and Place of Death,† -

died at Wintrop (Woodside Ave) Jan 6<sup>th</sup> 1894.

Disease or Cause of Death, -  
(Primary and Secondary.)‡

of Subicular Meningitis

Duration of Sickness, - -

Four days

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician,.....

N. A. Morrison 80 Princeton St. - E 12

Date of Certificate, .....

Jan 8 1894.

\* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.  
Plate. Ed. May, 1893. — 5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.

[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the clerk or agent of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

No.

## RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .

2. Name, . . .

(Maiden Name), \*

(Name of Husband), †

3. Sex, and whether single,

Married, or Widowed,

4. Color, † . . .

5. Age, . . .

6. Disease or Cause of Death,  
(Primary and Secondary), †

Duration of Sickness, .

(By whom certified, .

7. Residence, . . .

8. Occupation, . . .

9. Place of Death, . . .

10. Place of Birth, . . .

11. Name of Father, . .

12. Name of Mother, . .  
(Maiden Name),

13. Birthplace of Father, .

14. Birthplace of Mother, .

15. Place of Interment, .

Signature of Undertaker

~~or other person making~~  
the Return, . . .

DATED at

, on

18 .

*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 2*

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for the coroner, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child, immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician makes or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding ten dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give a certificate of the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body, without having received a permit so to do from the board of health or its duly authorized agent.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or if no such certificate of a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall thereupon countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\*

Lucy Ann Deegan

Age, 2 Mos. & do

Place of Death,†

died at Elm Avenue, January 16<sup>th</sup> 1894.

Disease or Cause of Death, -  
(Primary and Secondary.)‡

of Tabes Mesenterica

Duration of Sickness, -

2 Mos & do.

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician, -

Horace J. Soule M

Date of Certificate,

Jan 17<sup>th</sup> 1894.

Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.



[ *Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.* ]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

# RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . . *February 14<sup>th</sup> 1894*  
 2. Name, . . . . . *Charles F. Bone*  
 (Maiden Name), \*  
 (Name of Husband), \*  
 3. Sex, and whether single, *Male*  
 Married, *Married*  
 4. Color, † . . . . . *White*  
 5. Age, . . . . . *33* Years, *2* Months, *18* Days.  
 (Disease or Cause of Death, (Primary and Secondary), † *Typhoid Pneumonia*)  
 6. Duration of Sickness, . . . . . *5* Days  
 (By whom certified, . . . . . *Dr. H. H. H. H. H.*)  
 7. Residence, . . . . . *W.throp Mass*  
 8. Occupation, . . . . . *Printer*  
 9. Place of Death, . . . . . *Albany Street*  
 10. Place of Birth, . . . . . *Dodge, Conn. Conn.*  
 11. Name of Father, . . . . . *Charles Clinton Peers*  
 12. Name of Mother, . . . . . *Henrietta Grace Peers*  
 (Maiden Name), *Dodge, Conn.*  
 13. Birthplace of Father, . . . . . *Dodge, Conn.*  
 14. Birthplace of Mother, . . . . . *W.throp Conn.*  
 15. Place of Interment, . . . . . *Durham Chapel*

Signature of Undertaker  
~~or other person making~~  
 the Return, . . . . .

DATED at *W.throp*, on *February 14* 18*94*

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
 † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

*[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 26.]*

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or a physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\*

Charles T. Beers

Age, 55-2-18

Date and Place of Death,†

died at Wintthrop (Pleasant Pt.) Feb 14" 1894.

Disease or Cause of Death, -  
(Primary and Secondary.)‡

of Pneumonia - Heart failure

Duration of Sickness, -

4 days.

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician,

Albert B. Dorman, M.D.,  
Wintthrop, Mass.

Date of Certificate,

Feb. 16, 1894.

Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.

[*Public Statutes, Chapter 32. as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.



# RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	February 17 <sup>th</sup> 1894
2. Name, . . . . .	Andrew Frank Gilman
(Maiden Name), *	
(Name of Husband), *	
3. Sex, and whether single, Married, or Widowed,	Male
4. Color, † . . . . .	Caucasian
5. Age, . . . . .	68 Years, 9 Months, 7 Days.
(Disease or Cause of Death, (Primary and Secondary), †	Respiratory
6. Duration of Sickness, .	Dr. Davis (24-6 M.)
(By whom certified, .	Dr. Davis
7. Residence, . . . . .	Westfield, Mass.
8. Occupation, . . . . .	Post Office
9. Place of Death, . . . . .	Deerwood Ave.
10. Place of Birth, . . . . .	Worcester, Mass.
11. Name of Father, . . . . .	Joseph
12. Name of Mother, . . . . .	Elizabeth Webster
(Maiden Name),	
13. Birthplace of Father, .	Worcester, Mass.
14. Birthplace of Mother, .	Worcester, Mass.
15. Place of Interment, .	Worcester, Mass.
Signature of Undertaker <del>and person</del> making the Return, . . . . .	Samuel F. Clark

DATED at Westfield, on February 18, 1894

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
 † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.  
 [Be very particular to fill all Blanks.]  
 Plate. Ed. May, 1893.—5,000.



[Public Statutes, Chapter 32. as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

- 14 - 253 212

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\*

Andrew F. Graves Age, 65-9-7

Date and Place of Death,†

died at Winthrop Mass. Feb. 17-1894.

Disease or Cause of Death, -  
(Primary and Secondary.)‡

of 1<sup>st</sup> Diabetes, 2<sup>d</sup> Gangrene.

Duration of Sickmess, -

Three years or more.

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician,...

S. A. Davis, M.D.  
Borton

Date of Certificate,

Feb. 19<sup>th</sup> 1894.

Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

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## RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	March 12 <sup>th</sup> 1894
2. Name, . . . . . (Maiden Name),* . . . (Name of Husband),* . . .	John P. Jones - George John John John
3. Sex, and whether single, Married, or Widowed,	Single
4. Color, † . . . . .	White
5. Age, . . . . .	77 Years, 7 Months, 12 Days.
(Disease or Cause of Death, (Primary and Secondary), †	Septicemia
6. Duration of Sickness, . . . (By whom certified, . . .)	Dr. J. B. Jones
7. Residence, . . . . .	Northbrook, Mass.
8. Occupation, . . . . .	Carriage Driver
9. Place of Death, . . . . .	Northbrook, Mass.
10. Place of Birth, . . . . .	Northbrook, Mass.
11. Name of Father, . . . . .	John P. Jones
12. Name of Mother, . . . . . (Maiden Name), . . . . .	John P. Jones
13. Birthplace of Father, . . . . .	Northbrook, Mass.
14. Birthplace of Mother, . . . . .	Northbrook, Mass.
15. Place of Interment, . . . . .	Northbrook, Mass.
Signature of Undertaker or other person making the Return, . . . . .	Samuel Jones

DATED at Northbrook, on March 13, 1894.

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
 † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

12-4-681  
12-4-681  
27-1-281  
[Public Statutes, Chapter 32. as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 26]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

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# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\*

Sarah Newman Age, 77-7-12

Date and Place of Death,†

died at Northrop Centre St Mch 12 1894.

Disease or Cause of Death, -  
(Primary and Secondary.)‡

of Acute Pneumonia

Duration of Sickness, -

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician,

W. A. Morris

Date of Certificate,

March 18 1894.

Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.



[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

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## RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .
2. Name, . . . . .  
(Maiden Name)\*,  
(Name of Husband),\*.
3. Sex, and whether single,  
Married, or Widowed,
4. Color, † . . . . .
5. Age, . . . . .
- (Disease or Cause of Death,  
(Primary and Secondary), †
6. Duration of Sickness, . . .  
(By whom certified, . . . . .
7. Residence, . . . . .
8. Occupation, . . . . .
9. Place of Death, . . . . .
10. Place of Birth, . . . . .
11. Name of Father, . . . . .
12. Name of Mother, . . . . .  
(Maiden Name),
13. Birthplace of Father, . . . . .
14. Birthplace of Mother, . . . . .
15. Place of Interment, . . . . .

Signature of Undertaker  
~~or other person making~~  
 the Return, . . . . .

DATED at

, on

18

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
 † If other than White, (Af.) Mulatto. (Ir.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. May, 1893.—5,000.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\*

Mary A. Downs

Age,

69 yrs 14 ds 9 mo

Date and Place of Death,† -

died at Winthrop Mar 14<sup>th</sup>

1894.

Disease or Cause of Death, -  
(Primary and Secondary.)‡

of Neuralgia of Heart

Duration of Sickness, - -

Three hours

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician,

H. S. Soule Winthrop Mass

Date of Certificate, March 15<sup>th</sup>

1894.

\* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

Plate. Ed. May, 1893. — 5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.

[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.



# RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	March 20 <sup>th</sup> 1891		
2. Name, . . . . .	Sheelam Dargum		
(Maiden Name), *	—		
(Name of Husband), *	—		
3. Sex, <del>and whether single,</del>	Male		
Married, or Widowed,	—		
4. Color, †	White		
5. Age, . . . . .	Years, —	Months, —	Days, —
(Disease or Cause of Death, (Primary and Secondary), †	—		
6. Duration of Sickness, .	Refuse K. Hoynes m.d.		
(By whom certified, .	Wentworth Mass		
7. Residence, . . . . .	—		
8. Occupation, . . . . .	Cottage Querees		
9. Place of Death, . . . . .	Cottage Avenue		
10. Place of Birth, . . . . .	Lyman S. Weston		
11. Name of Father, . . . . .	Katherine Gough		
12. Name of Mother, . . . . . (Maiden Name),	Bates Ware		
13. Birthplace of Father, . . . . .	Bates (?)		
14. Birthplace of Mother, . . . . .	Woodlawn Cornelius		
15. Place of Internment, . . . . .	—		
Signature of Undertaker <del>or other person making</del> the Return, . . . . .	Summer Floyd		
DATED at	Wentworth,	on	March 21 <sup>st</sup> 1891.

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
 † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. May, 1893. — 5,000.

Fill above where marked in blue



[*Public Statutes, Chapter 32. as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

Son of Lyman R. Mearns

## PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, *Lyman R. Mearns* Male Age, *Twelve*  
*Winthrop. Mass.*

Date and Place of Death, † - died at. *Tilbourn* March 20 1894.

Disease or Cause of Death, - of ...  
(Primary and Secondary.) ‡

Duration of Sickness, - -

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician, *Rufus K. Noyes, M.D.,*  
*50 Chamber St. Boston* Date of Certificate, *March 20* 1894.

\* Or Sex of Infant (not named). If stillborn so state. † If child died immediately after birth so state. ‡ If a soldier or sailor who served in the War of the Rebellion.  
Plate. Ed. May, 1893. — 5,000.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	March 20, 1894
2. Name, . . . . . (Maiden Name), * . . . . (Name of Husband), * . . . .	Elizabeth M. McCall-Johnson Stewart Conjunctive Female (H.) Married White
3. Sex, and whether single, Married, or Widowed,	
4. Color, † . . . . .	
5. Age, . . . . .	65 Years, 8 Months, 26 Days.
(Disease or Cause of Death, (Primary and Secondary), †	Bright's Disease
6. Duration of Sickness, . . . . . (By whom certified, . . . . .	
7. Residence, . . . . .	Vintrop Mass
8. Occupation, . . . . .	
9. Place of Death, . . . . .	Harbor Avenue (Vintrop)
10. Place of Birth, . . . . .	Charleston Me
11. Name of Father, . . . . .	William. L. L. L.
12. Name of Mother, . . . . . (Maiden Name), . . . . .	Julia A. L. L.
13. Birthplace of Father, . . . . .	Bedford Me
14. Birthplace of Mother, . . . . .	Bedford Me
15. Place of Interment, . . . . .	Vintrop Cemetery
Signature of Undertaker <del>other person making</del> the Return, . . . . .	Sumner Floyd

DATED at Vintrop, on March 21, 1894

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

(Be very particular to fill all Blanks.)

*[Public Statutes, Chapter 32. as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 2]*

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child or immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned for registration, recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in the absence thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or the physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so issued shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\*

Sarah Merrill-Johnson

Age, 65-8-6.

Date and Place of Death,†

died at Winthrop (Harbor Avenue) Mch 20<sup>th</sup> 1894.

Disease or Cause of Death, -

of Brights disease

(Primary and Secondary.)‡

Duration of Sickness, -

Two years

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician,

H. D. Houghton Charlestown Mass.

Date of Certificate, March 22<sup>d</sup> 1894.

of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.

Plate. Ed. May, 1893. — 5,000.



[ *Public Statutes, Chapter 32. as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.* ]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

No. \_\_\_\_\_

## RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	March 21 "1894
2. Name, . . . . . (Maiden Name), * . . (Name of Husband), † . .	Grace Minnie Foster Woodwell George A. Female Married White
3. Sex, and whether single, Married, or Widowed,	
4. Color, ‡ . . . . .	
5. Age, . . . . .	48 Years, 7 Months, 9 Days.
Disease or Cause of Death, (Primary and Secondary), ‡	Heart Failure - <del>7 months</del>
6. Duration of Sicknes, . (By whom certified, . . .	
7. Residence, . . . . .	Northampton
8. Occupation, . . . . .	
9. Place of Death, . . .	North 40 Street, La Plaisance
10. Place of Birth, . . .	New Orleans
11. Name of Father, . . .	
12. Name of Mother, . . . (Maiden Name), . . .	
13. Birthplace of Father, .	
14. Birthplace of Mother, .	
15. Place of Interment, .	
Signature of Undertaker <del>with person making</del> the Return, . . . . .	Wm. Aubrey Pennebaker Summer Floyd

DATED at

Northampton, on March 22, 1894.

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
‡ If other than White. (M.) Mulatto. (I.) Indian. If of other races, specify what.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\*

Grace Minnie Foxcroft Age, 48-7-9

Date and Place of Death,†

died at Winthrop Winthrop Street, Mech 21" 1894.

Disease or Cause of Death, -  
(Primary and Secondary.)‡

of Heart-failure following pneumonia

Duration of Sickness, -

Twenty-six Days

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician,

B. Van Namey 74, D  
29 Broadway Chelsea  
Date of Certificate, March 23, 1894

\* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.

Plate. Ed. May, 1893. — 5,000.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

# PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, *Mar. 21<sup>m</sup>* 189 *4*

Name and age of deceased: *Unknown* Age *—* yrs. *—* mos. *—* dys.

Date and place of death: *Found in water Northrop Mar. 19<sup>th</sup>*

Disease or cause of death: *Still Born*

Duration of disease:\*

I certify that the above is true, to the best of my knowledge and belief.

Name and residence }  
of physician. }

*Francis Harris* M. D.  
*Med. Examiner*

\*It is very desirable to be informed of the duration of the disease.

The office of the Board of Health will be open for the granting of permits for burial, as follows:— Saturdays, 9 A. M. till 2 P. M.; Sundays, 10 A. M. till 12 M.; Holidays, from 10 A. M. till 12 M.; other days, from 9 A. M. till 5 P. M.



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# UNDERTAKER'S RETURN.—Boston.

Date of death, *Dec 21* 189*4* Name, *Stillborn Infant*

Maiden name,\* \_\_\_\_\_ Sex, *Male*

Married, single, or widow of \_\_\_\_\_ wife of \_\_\_\_\_

Color, *W* Age, \_\_\_\_\_ years, \_\_\_\_\_ mos., \_\_\_\_\_ days. Residence, *Unknown*

Place of death (street and number), *Found in water at Winthrop* ward \_\_\_\_\_

Place of birth, \_\_\_\_\_ Occupation, \_\_\_\_\_

Name of father, \_\_\_\_\_ Maiden name of mother, \_\_\_\_\_

Birthplace of father, \_\_\_\_\_ Birthplace of mother, \_\_\_\_\_

Place of interment,† *Winthrop Cemetery*

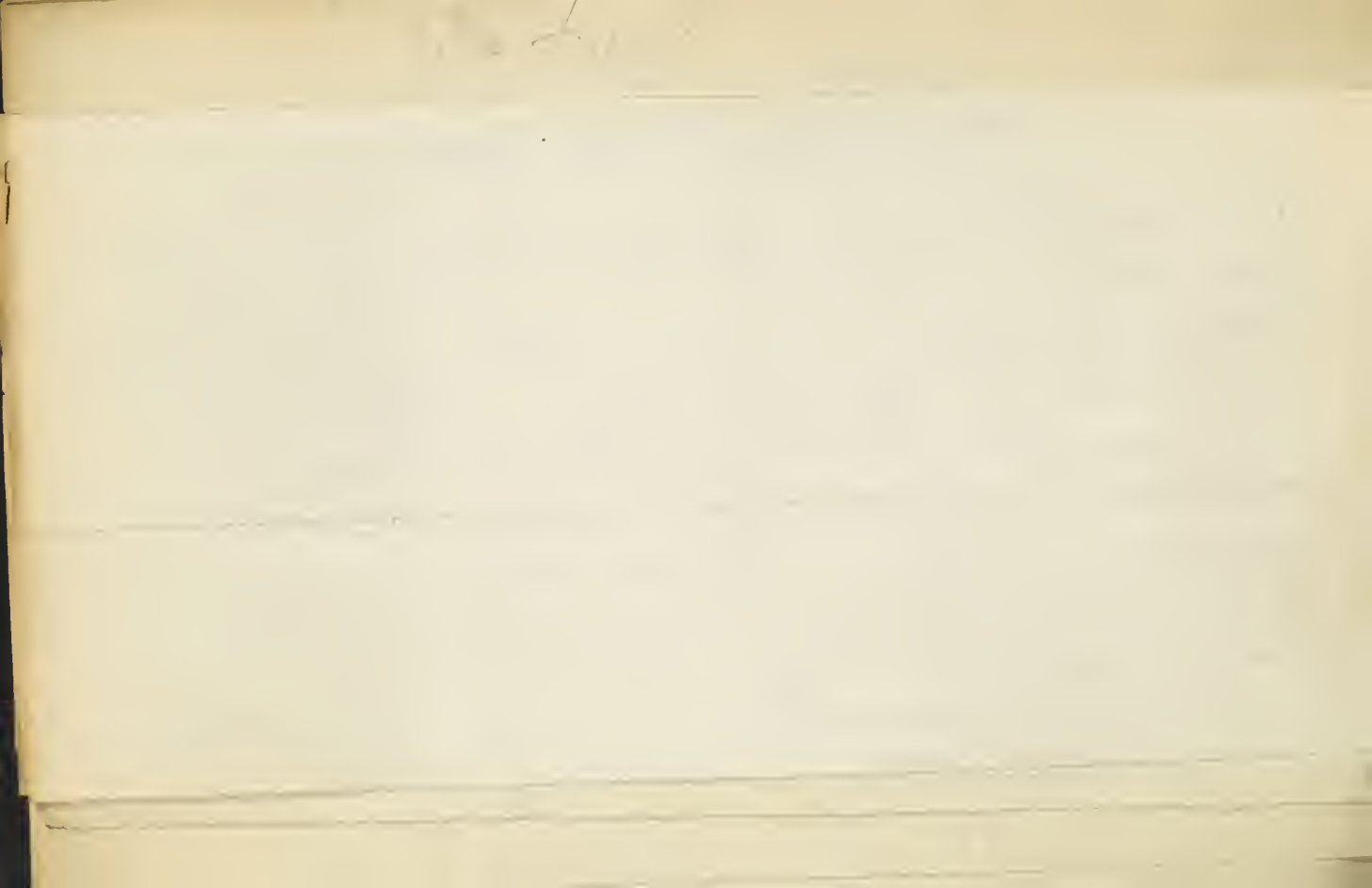
\* If a married woman or a widow.

† Give the name of the burial ground.

Signature of Undertaker:

*Sumner Floyd*

Date of  
Certificate  
*Dec 22* 189*4*



## RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	March 30 <sup>th</sup> 1894
2. Name, . . . . . (Maiden Name)*, (Name of Husband),*	Charles Tharack Lipe, 2d.
3. Sex, and whether single, Married, or Widowed,	Male
4. Color, † . . . . .	White
5. Age, . . . . . (Disease or Cause of Death, (Primary and Secondary).) † Duration of Sickness,	Years, 1 Months, 1 Hour Days, Strangulation No Cause
(By whom certified,	Winthrop, Mass
7. Residence, . . . . .	Washington Avenue
8. Occupation, . . . . .	"
9. Place of Death, . . . . .	Clarence H. Pire
10. Place of Birth, . . . . .	Catharine Co. Mass
11. Name of Father, . . . . .	Ernest W. Lipe
12. Name of Mother, . . . . . (Maiden Name),	Ireland
13. Birthplace of Father, . . . . .	Denmark
14. Birthplace of Mother, . . . . .	Denmark
15. Place of Interment, . . . . .	Denmark
Signature of Undertaker or other person making the Return, . . . . .	Ernest Lipe

DATED at Winthrop, on March 30<sup>th</sup> 1894

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
 † If other than White. (C.) Indian. If of other races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter*

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall be the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body without having received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or a physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the certificate. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is issued shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\*

Charles Pharaoh Jr. 2<sup>d</sup>

Age, 1 Hour

and Place of Death,†

died at R. Troop (Washington Ave) March 30 1894.

or Cause of Death, -  
(Primary and Secondary.)‡

of Strangulation

Duration of Sickness, -

One hour

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician,

H. S. Soule M.D. Winthrop Mass

Date of Certificate, March 31 1894.

\* Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.  
Plate. Ed. May, 1893. — 5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.



[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

## RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	April 2 <sup>nd</sup> 1894		
2. Name, . . . . .	Charlotte Chapman Matthews		
(Maiden Name), * . .	Powell		
(Name of Husband), * . .	Capt. H.		
3. Sex, and whether single, Married, or Widowed,	Female		
4. Color, † . . . . .	Mulatto		
5. Age, . . . . .	52 Years, 10 Months, 2 Days.	(53 <sup>rd</sup> ) 1894 10 June	
Disease or Cause of Death, (Primary and Secondary), †	Heart		
6. Duration of Sickness, (By whom certified, . . . . .)	Wentworth		
7. Residence, . . . . .	Wentworth, Mass		
8. Occupation, . . . . .	Salmon Dealer		
9. Place of Death, . . . . .	Wentworth, Mass.		
10. Place of Birth, . . . . .	Newark, N.J.		
11. Name of Father, . . . . .	Wentworth, N.J.		
12. Name of Mother, . . . . . (Maiden Name),	Wentworth, N.J.		
13. Birthplace of Father, . . . . .	Wentworth, N.J.		
14. Birthplace of Mother, . . . . .	Wentworth, N.J.		
15. Place of Interment, . . . . .	Wentworth, N.J.		
Signature of Undertaker <del>or other person making the Return</del> . . . . .	Wentworth		
DATED at	Wentworth	on	April 3 18 .

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
 † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]*

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or a physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\*

Charlotte C. Matthews

Age, 52-10-2

Site and Place of Death,†

died at Winthrop (Putnam St) April 2 1894.

Disease or Cause of Death, -  
(Primary and Secondary.)‡

of Ulcer of Stomach

Duration of Sickness, -

Four weeks

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician,

Horace J. Smith M.D.

Date of Certificate,

April 5 1894.

Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.  
Plate. Ed. May, 1893. — 5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.



No.

## RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	April 2 <sup>d</sup> - 1894
2. Name, . . . . . (Maiden Name) *, . . . (Name of Husband), †	Lathrop Dorman
3. Sex, and whether single, Married, or Widowed,	Male, Married
4. Color, ‡ . . . . .	White
5. Age, . . . . .	79 Years, 6 Months, int. Days.
(Disease or Cause of Death, Primary and Secondary), †	Intestinal Brights
6. (Duration of Sickness, . . . (By whom certified, . . . . .	Five Years R. H. Dorman M.D.
7. Residence, . . . . .	Westport Highlands Mass
8. Occupation, . . . . .	Retired Merchant
9. Place of Death, . . . . .	Westport, Town of St. Marys
10. Place of Birth, . . . . .	Mansion Mass
11. Name of Father, . . . . .	Oliver Dorman
12. Name of Mother, . . . . . (Maiden Name), . . . . .	Sarah Boxer
13. Birthplace of Father, . . . . .	<del>England</del> United States
14. Birthplace of Mother, . . . . .	U. States of America
15. Place of Interment, . . . . .	Westport Mass. Hope Cemetery
Signature of Undertaker ( <del>the other person making</del> the Return), . . . . .	Summer Floyd
DATED at <u>Westport</u> , on <u>April 3</u> 1894	

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
‡ If other than White. (M.) Mulatto. (I.) Indian. If of other races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. May, 1893.—5,000.



[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or an physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\*

Lathrop Dorman

Age 79 6 20

Date and Place of Death,†

died at

Winstrop Mass

April 2 1894

Disease or Cause of Death, -  
(Primary and Secondary.)‡

of Bright's interstitial disease of the kidney

Duration of Sickness, -

Five Years

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician,

Samuel W. Dorman Winstrop Mass

Date of Certificate, April 3 1894

Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

## RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	May 5 <sup>th</sup> 1894		
2. Name, . . . . .	Died for Infarct		
(Maiden Name), *			
(Name of Husband), *			
3. Sex, and whether single, Married, or Widowed,	Male		
4. Color, † . . . . .	White		
5. Age, . . . . .	Years	Months,	Days.
	24		
Disease or Cause of Death, (Primary and Secondary), †	S. M. Woman		
6. Duration of Sickmess, (By whom certified,	Beach Road "Edith Cab"		
7. Residence, . . . . .	Beach Road		
8. Occupation, . . . . .			
9. Place of Death, . . . . .			
10. Place of Birth, . . . . .	"Charles & Samuel W"		
11. Name of Father, . . . . .	Mary Hamilton		
12. Name of Mother, (Maiden Name), . . . . .	Bath Maine,		
13. Birthplace of Father, . . . . .	"Markus		
14. Birthplace of Mother, . . . . .	Wishy Coveley		
15. Place of Interment, . . . . .	Summer Road		
Signature of Undertaker or other person making the Return, . . . . .	Summer Road		

DATED at

May 5<sup>th</sup>

, on

1894

18

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
 † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

(Be very particular to fill all Blanks.)

Plate. Ed. May, 1893. — 5,000.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 2*

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or a physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\*

Boy (Immature) John Hamilton's Age, Beach Road

Date and Place of Death,† -

died at my Son after birth 189 .

Disease or Cause of Death, -  
(Primary and Secondary.)‡

of Breach presentation of only 7 mos. child.

Duration of Sickness, - -

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician,

Samuel Webster Forman M.D.

Date of Certificate,

Friday May 4<sup>th</sup> 1894.

Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

† If a soldier or sailor who served in the War of the Rebellion.



[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

# RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	May 27, 1894
2. Name, . . . . .	Mary Webb
(Maiden Name), *	Finley
(Name of Husband), *	John
3. Sex, and whether single, Married, or Widowed,	Married
4. Color, † . . . . .	White
5. Age, . . . . .	65 Years, 2 Months, 5 Days.
(Disease or Cause of Death, (Primary and Secondary), †	Rheumatism
6. Duration of Sickness, . . . . .	Several days
(By whom certified, . . . . .	Wm. H. H.
7. Residence, . . . . .	Wendell, Mass.
8. Occupation, . . . . .	Farmer
9. Place of Death, . . . . .	Home
10. Place of Birth, . . . . .	Christiana, Ind.
11. Name of Father, . . . . .	Grant Webb
12. Name of Mother, . . . . . (Maiden Name).	Isabel
13. Birthplace of Father, . . . . .	Ind. Mass.
14. Birthplace of Mother, . . . . .	Ind. Mass.
15. Place of Interment, . . . . .	Wendell, Mass.
Signature of Undertaker or other person-making the Return, . . . . .	Wm. H. H.

DATED at Wendell, on May 27, 1894

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

## AN ACT

## RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

*Be it enacted, etc., as follows:*

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows:—*Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows:—*Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [Approved May 4, 1888.]

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\*

Mary Hopkins

Age, 65

Date and Place of Death,†

died at Wintthrop May 27<sup>th</sup> 1894.

Disease or Cause of Death, -  
(Primary and Secondary.)‡

of Heart Disease

Duration of Sickness, - -

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician,

C. C. Cramer M.D. Harris Mass. New

Date of Certificate,

May 28<sup>th</sup> 1894.

\* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.  
Plate. Ed. May, 1893. — 5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.



## RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .
2. Name, . . . . .  
(Maiden Name) \*,  
(Name of Husband), \*
3. ~~Sex~~, and whether single,  
Married, or Widowed,
4. Color, † . . . . .
5. Age, . . . . .
- (Disease or Cause of Death,  
(Primary and Secondary), †
6. Duration of Sickness, .  
(By whom certified, .
7. Residence, . . . . .
8. Occupation, . . . . .
9. Place of Death, . . . . .
10. Place of Birth, . . . . .
11. Name of Father, . . . . .
12. Name of Mother, . . . . .  
(Maiden Name),
13. Birthplace of Father, .
14. Birthplace of Mother, .
15. Place of Internment, .

Signature of Undertaker  
or other person making  
the Return, . . . . .

DATED at

Methen #3, on

on

June 12, 1894

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

(Be very particular to fill all Blanks.)

Plate. Ed. May, 1893. — 5,000.



[*Public Statutes, Chapter 32 as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\*

William H. Woody Age, 83-5-19

Date and Place of Death,† -

died at Winthrop (Maine) June 12 1894.

Disease or Cause of Death, -  
(Primary and Secondary.)‡

of Congestion of the Brain

Duration of Sickness, - -

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician,

H. S. Smith

Date of Certificate,

June 14 1894.

Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.

Plate. Ed. May, 1893. — 5,000.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

# RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred,

1. Date of Death, . . .	June 12, 1894
2. Name, . . . . .	Green William
(Maiden Name), * . . .	Female
(Name of Husband), * . .	Male
3. Sex, and whether single, Married, or Widowed, . . .	
4. Color, † . . . . .	
5. Age, . . . . .	Years, Months, 17 Days.
(Disease or Cause of Death, (Primary and Secondary), †)	Wet Fever
6. (Duration of Sickness, . . .)	Febrile, Green
(By whom certified, . . .)	
7. Residence, . . . . .	
8. Occupation, . . . . .	Putnam Street
9. Place of Death, . . . .	William's House
10. Place of Birth, . . . .	John B. Putnam
11. Name of Father, . . . .	Abigail Putnam
12. Name of Mother, . . . .	J. B. Putnam
(Maiden Name), . . . .	
13. Birthplace of Father, . .	Putnam, Mass
14. Birthplace of Mother, . .	Putnam, Mass
15. Place of Internment, . .	Putnam, Mass
Signature of Undertaker or other person making the Return, . . . . .	Sumner Floyd

DATED at Putnam, on June 13, 1894

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
 † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

10  
11  
[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.



# PHYSICIAN'S CERTIFICATE.

Time and Age of Deceased,\*

Helen Putnam

Age, 17 Days

Site and Place of Death,†

died at Wintthrop (Putnam Ct) June 12 1894.

Disease or Cause of Death, -  
(Primary and Secondary.)‡

of Congenital Blood Poison

Duration of Sickness, -

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician,

Grace Soule M.D.

Date of Certificate,

June 14 1894.

Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.



D. 1000

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

No. ....

## RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .

2. Name, . . .

(Maiden Name), \*

(Name of Husband), \*

3. Sex, and whether single,

Married, or Widowed,

4. Color, † . . .

5. Age, . . .

33 Years, 7 Months, Days.

(Disease or Cause of Death,  
(Primary and Secondary), †

6. Duration of Sickmess, .

(By whom certified, .

7. Residence, . . .

8. Occupation, . . .

9. Place of Death, . . .

10. Place of Birth, . . .

11. Name of Father, . . .

12. Name of Mother, . . .

(Maiden Name).

13. Birthplace of Father, .

14. Birthplace of Mother, .

15. Place of Interment, .

Signature of Undertaker  
or other person making  
the Return, . . .

DATED at

, on

1874

\* If a Married Woman or Widow, † If a Soldier who served in the War of the Rebellion.  
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

*Be it enacted, etc., as follows:*

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows:— *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows:— *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [Approved May 4, 1888.]

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\* *Hermes S. Tenckley* Age, *33y 7m*  
Date and Place of Death,† - died at *Winsthrop June 24* 1894.  
Disease or Cause of Death, - of *Tuberculosis*  
(Primary and Secondary.)‡  
Duration of Sickness, - *One year*

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician, *H. S. Luntli Winsthrop*

Date of Certificate, *June 26* 1894.

\* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.  
Plate. Ed. May, 1893. — 5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.

[ *Public Statutes, Chapter 32. as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.* ]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.



## RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	June 26 <sup>th</sup> 1894
2. Name, . . . . .	Peroy Webster Wood
(Maiden Name) *, . . .	
(Name of Husband) *, . .	
3. Sex, and whether single, Married, or Widowed, . .	
4. Color, † . . . . .	White
5. Age, . . . . .	Years, 3 Months, 10 Days.
Disease or Cause of Death, (Primary and Secondary), †	
6. Duration of Sickness, . .	
(By whom certified, . . .	Dr. D. W. Daman
7. Residence, . . . . .	Sea Foam Avenue
8. Occupation, . . . . .	
9. Place of Death, . . . .	Sea Foam Avenue
10. Place of Birth, . . . . .	Winstons
11. Name of Father, . . . .	Rev. J. Wood
12. Name of Mother, . . . .	Elizabeth A. Wood
(Maiden Name), . . . . .	
13. Birthplace of Father, . .	Q. E. Island
14. Birthplace of Mother, . .	Q. E. Island
15. Place of Interment, . . .	Higley, Cemetery
Signature of Undertaker or other person making the Return, . . . . .	Summer Floyd
DATED at Winstons, , on June 27 1894	

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion  
 † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.



[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

21  
2000  
2000

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\*

Le Roy Webster Hood

Age, 3 mos, 10 days

Site and Place of Death,† -

died at.

Smithsboro June 26

1894.

Disease or Cause of Death, -

of ...

Tubercula Meningitis

(Primary and Secondary.)‡

Duration of Sickness, - -

Five Weeks in all (Pertussis primary)

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician,

Le Roy Webster Hood M.D.

Date of Certificate,

June 28

1894.

Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.

*[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]*

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

No.

## RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

		Years,	Months,	Days,
1. Date of Death, . . .	June 30 <sup>th</sup> 1894			
2. Name, . . . . . (Maiden Name)*, . . .	Isabella Smith			
3. Sex, and whether single, Married, <del>or</del> Widowed,	F			
4. Color, † . . . . .	W			
5. Age, . . . . .	57			
(Disease or Cause of Death, Duration of Sickness, . . . By whom certified, . . .	Cambridge St. Boston			
7. Residence, . . . . .	Almont St. Winthrop			
8. Place of Death, . . .	House - wife			
9. Occupation, . . . . .	Appointed / China Pa			
10. Place of Birth, . . .	Undetermined			
11. Name of Father, . . .	"			
12. Name of Mother, . . .	"			
13. Birthplace of Father, . . .	"			
14. Birthplace of Mother, . . .	Meth. Boston.			
15. Place of Interment, . . .	E. Wakeham			
Signature of Undertaker <del>and</del> <del>person</del> making the Return, . . . . .	E. Wakeham			

DATED at Boston

, on

June 30<sup>th</sup>

18

94

[*Public Statutes, Chap. 32, Sect. 5.*]

No human body shall be buried or removed from any city or town until a proper certificate has been given by the clerk or registrar to the undertaker, sexton, or other person performing the burial or removing the body. Such certificate shall state that the facts required by this chapter have been returned and recorded; and no clerk or registrar shall give such certificate or burial permit until the certificate of the cause of death has been obtained from the physician, if any, in attendance at the last sickness of the deceased, and placed in the hands of said clerk or registrar; and in cities and towns where there are boards of health, the certificate of the cause of death shall also be approved by such board before a permit to bury is given by the registrar or clerk. Upon application, the chairman of the board of health, or any physician employed by any city or town for such purpose, shall sign the certificate of the cause of death to the best of his knowledge and belief, if there has been no physician in attendance. He shall also sign such certificate, upon application, in case of death by dangerous contagious disease, or in any other event when the certificate of the attending physician cannot for good and sufficient reasons be early enough obtained. In case of death by violence, the medical examiner attending shall furnish the requisite medical certificate. Any person violating the provisions of this section shall be punished by fine not exceeding twenty-five dollars.

21177

Boston June 30th.1894

This certifies that Isabella Ferris aged fifty years died at Winthrops  
Mass.June 30 th. 1894.

Cause of death-----General Tuberculosis.

Francis A.Harris M.D.



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# RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . . *Nov 11 1890*

2. Name, . . . . .  
(Maiden Name),\* . . . *Adeline E. Gardner*  
(Name of Husband),\* . . . *Augustus Gardner*

3. Sex, and whether single,  
Married, or Widowed, *Male*

4. Color,† . . . . . *White*

5. Age, . . . . . *47* Years, *—* Months, *—* Days.

6. Disease or Cause of Death,  
(Primary and Secondary),†  
Duration of Sickness, . . .  
(By whom certified, . . . *Dr. Ruyser*

7. Residence, . . . . . *Hamden, Conn.*

8. Occupation, . . . . . *Crocheter & Dress*

9. Place of Death, . . . . . *Richmond, N.B.*

10. Place of Birth, . . . . . *Eliza*

11. Name of Father, . . . . . *Robert Lane*

12. Name of Mother, . . . . .  
(Maiden Name), *William's mother*

13. Birthplace of Father, . . . . . *W. Conn.*

14. Birthplace of Mother, . . . . . *Calais, Me.*

15. Place of Interment, . . . . . *Calais*

Signature of Undertaker  
~~or other person making~~  
the Return, . . . . . *Calais*

DATED at *Hamden, Conn.*, on *Nov 11*, 18 *90*.

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

## AN ACT

### RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

*Be it enacted, etc., as follows:*

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows:—*Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows:—*Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. *[Approved May 4, 1888.]*

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\*

Adelaide C Madison

Age, 4  $\frac{7}{10}$  yrs

Date and Place of Death,†

died at Wintthrop (Green Ave) July 11 " 1894.

Disease or Cause of Death, -  
(Primary and Secondary.)‡

of Cause of paralysis wh. existed since Dec. '93 Unknown - Exhaustion and last 48 hours bronchitis

Duration of Sickness, -

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician,

S. W. Dring.

Date of Certificate,

July 11 1894.

\* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.

[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

## RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .
2. Name, . . . . .  
(Maiden Name),\* . . .  
(Name of Husband),\* . . .
3. Sex, and whether single,  
Married, or Widowed,
4. Color,† . . . . .
5. Age, . . . . .
6. Disease or Cause of Death,  
(Primary and Secondary),†  
(Duration of Sickness, . .  
(By whom certified, . .
7. Residence, . . . . .
8. Occupation, . . . . .
9. Place of Death, . . . . .
10. Place of Birth, . . . . .
11. Name of Father, . . . . .
12. Name of Mother, . . . . .  
(Maiden Name), . . . . .
13. Birthplace of Father, . . . . .
14. Birthplace of Mother, . . . . .
15. Place of Interment, . . . . .

Signature of Undertaker  
or other person making  
the Return, . . . . .

DATED at Northrup

, on

July 16<sup>th</sup> 1894

\* If a Married Woman or Widow, If a Soldier who served in the War of the Rebellion.  
† If other than White. (M.) Mulatto. (I.) Indian. If of other races, specify what.

[Be very particular to fill all Blanks.]  
Plate. Ed. May, 1893. — 5,000.

July 15- 1894  
Henry W. Stratton  
Oscar

Male - Married

White

57 Years, 6 Months, 10 Days.

La Grange (West Ave)

Boston

Merchant

Wintons Highlands

Lawrence - Mass -

La Grange Stratton

La Grange Valley

La Grange Valley

La Grange Valley

La Grange Valley

Summer - Floyd



[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\*

Henry C. Stratton

Age, .....

Date and Place of Death,†

died at Winthrop Highlands July 15<sup>th</sup> 1894.

Disease or Cause of Death, -  
(Primary and Secondary.)‡

of Pleurisy followed by Empyema and an acute attack of vomiting

Duration of Sickness, -

Seven months

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician,

E. F. Sage Winthrop College Winthrop Me.

Date of Certificate, July 15<sup>th</sup> 1894.

Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.

Plate. Ed. May, 1893. — 5,000.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

# RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	July 21 <sup>st</sup> 1894
2. Name, . . . . .	Elizabeth Mabel White
(Maiden Name),* . .	
(Name of Husband),* .	
3. Sex, and whether single, Married, or Widowed,	Female
4. Color, † . . . . .	Single
5. Age, . . . . .	White
(Disease or Cause of Death, (Primary and Secondary), †	20 Years, 8 Months, 16 Days
6. Duration of Sickness, .	20 <sup>th</sup> 1893
(By whom certified, . .	Dr. D. W. Mc nan
7. Residence, . . . . .	Winthrop
8. Occupation, . . . . .	
9. Place of Death, . . .	Cross & Almond St-
10. Place of Birth, . . .	Boston Highlands
11. Name of Father, . . .	Charles F. White
12. Name of Mother, . .	Henry M. White
(Maiden Name), . . .	Charles Linn Mace.
13. Birthplace of Father, .	Portsmouth N. H.
14. Birthplace of Mother, .	Winthrop Cemetery (Tomb)
15. Place of Interment, .	
Signature of Undertaker	Summer Floyd
<del>or other person making</del> the Return, . . . . .	
DATED at	Winthrop, July 22 18 94

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
 † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]  
 Plate. Ed. May, 1893. — 5,000.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

25 of 120

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\*

Oliver M White

Age, 20 8-16

Date and Place of Death,†

died at Nintrop (July 21) 1894

Disease or Cause of Death, -  
(Primary and Secondary.)‡

of Mitral Regurgitation (Valvular disease) of left heart.

Duration of Sickness, :

about one year

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician,

Samuel Webster Dorman M.D.

Date of Certificate,

July 22 1894

\* Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.



[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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# RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	July 3 <sup>rd</sup> 1894
2. Name, . . . . .	Charles E. Summer
(Maiden Name), *	
(Name of Husband), *	
3. Sex, and whether single, Married, or Widowed,	Male (Married)
4. Color, † . . . . .	White
5. Age, . . . . .	38 Years, 11 Months, 5 Days.
(Disease or Cause of Death, (Primary and Secondary), †	For Mr. Michael
6. Duration of Sickness, . (By whom certified,	Winthrop, Mass
7. Residence, . . . . .	
8. Occupation, . . . . .	Sargent & Sweet
9. Place of Death, . . . . .	Winthrop
10. Place of Birth, . . . . .	George
11. Name of Father, . . . . .	Martha A.
12. Name of Mother, . . . . . (Maiden Name),	England
13. Birthplace of Father, . . . . .	Walden
14. Birthplace of Mother, . . . . .	Winthrop Cemetery
15. Place of Interment, . . . . .	Summer
Signature of Undertaker <del>or other person</del> making the Return, . . . . .	Floyd

DATED at Winthrop, on July 24<sup>th</sup> 1894

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
 † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

*[Public Statutes, Chapter 32 as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]*

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\*

Granville F. Turnbull

Age, 38-11-5

Date and Place of Death,†

died at Winthrop July 23<sup>d</sup>

1894

Disease or Cause of Death, -

of Myelitis - Gastritis chronic

(Primary and Secondary.)‡

Duration of Sickness, -

Three years -

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician,

W. B. McMichael S. Boston

Date of Certificate,

189

\* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.  
Plate. Ed. May, 1893. — 5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.

Signed by

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.



# RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	June 30 <sup>th</sup> 1894		
2. Name, . . . . .	Joseph P. Brown		
(Maiden Name), *	—		
(Name of Husband), *	—		
3. Sex, and whether single, Married, or Widowed,	Male		
4. Color, † . . . . .	Married		
5. Age, . . . . .	White		
Disease or Cause of Death, (Primary and Secondary), †	74 Years, 1 Months, 15 Days.		
Duration of Sickness, .	—		
(By whom certified,	Dr. Norman		
7. Residence, . . . . .	Winthrop, Mass		
8. Occupation, . . . . .	Real Estate		
9. Place of Death, . . . . .	Bucknam Street		
10. Place of Birth, . . . . .	Williamburg (Mass.)		
11. Name of Father, . . . . .	William		
12. Name of Mother, . . . . .	Sarah Hunt Strong		
(Maiden Name),	Williamburg Mass		
13. Birthplace of Father, .	"		
14. Birthplace of Mother, .	"		
15. Place of Internment, .	"		
Signature of Undertaker <del>not necessary</del> making the Return, . . . . .	Sumner Floyd		
DATED at	Winthrop,	on	July 30 <sup>th</sup> 1894

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]



*[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]*

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or a physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\*

Joseph P Snow

Age, 74-1-5

Place and Place of Death,†

died at... Waltham (Buckham) July 30 1894.

Disease or Cause of Death, -  
(Primary and Secondary).‡

of Pyelo-nephritis (Disease of Kidneys)

Duration of Sickness, -

Probably some months. I attended him 5 days.

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician,

Albert B. Downman, M.D.

Waltham, Mass.

Date of Certificate, July 31 1894.

Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

# RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Aug 2 1894
2. Name, . . . . .	George Cravin Lee
(Maiden Name),* . .	
(Name of Husband),* .	
3. Sex, and whether single,	Male
Married, or Widowed,	
4. Color,† . . . . .	White
5. Age, . . . . .	Years 7 Months 27 Days.
(Disease or Cause of Death, (Primary and Secondary),†	Cholera Infantum
6. Duration of Sickness, .	From August 1st to 2nd
(By whom certified, . .	Dr. Grace J. Lorde.
7. Residence, . . . . .	Ward No. 1, New
8. Occupation, . . . . .	Free Laborer
9. Place of Death, . . .	Boston Mass
10. Place of Birth, . . .	Army, Stuart, La
11. Name of Father, . . .	Samuel Ella Cravin
12. Name of Mother, . . .	Wilford Maud
(Maiden Name), . . .	Peterson A. H.
13. Birthplace of Father, .	Winthrop, Conn
14. Birthplace of Mother, .	Summer, Floyd
15. Place of Interment, .	
Signature of Undertaker <del>or other person</del> making the Return, . . . . .	

DATED at Winthrop, on Aug 3rd 1894

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
† If other than White. (M.) Mulatto. (I.) Indian. If of other races, specify what.

[Be very particular to fill all Blanks.]

[ACTS OF 1888, CHAP. 306.]

## AN ACT

### RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

*Be it enacted, etc., as follows:*

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows:— *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows:— *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [Approved May 4, 1888.]



# RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	August 14 <sup>th</sup> , 1894.		
2. Name, . . . . . (Maiden Name), * . . . (Name of Husband), * . . .	Mary Leary Mary Leary Carrollus Leary. Female - <del>Married</del> , Widowed. White.		
3. Sex, and whether single, Married, or Widowed,			
4. Color, † . . . . .	r / Years, 5 Months, Days.		
5. Age, . . . . .			
(Disease or Cause of Death, (Primary and Secondary), † . . . . .	Cholera Morbus		
6. Duration of Sickmess, . . . . . (By whom certified, . . . . .	Dr H. Ovington		
7. Residence, . . . . .	Dorchester, Mass		
8. Occupation, . . . . .			
9. Place of Death, . . . . .	Winthrop, Mass.,		
10. Place of Birth, . . . . .	Ireland.		
11. Name of Father, . . . . .	Thomas Lawless		
12. Name of Mother, . . . . . (Maiden Name), . . . . .	Mary Dillon		
13. Birthplace of Father, . . . . .	Ireland		
14. Birthplace of Mother, . . . . .	Ireland.		
15. Place of Interment, . . . . .	Calvary Cemetery.		
Signature of Undertaker } Summer Ford at other person making the Return, . . . . . }			
DATED at Winthrop, on August 15 <sup>th</sup> , 1894.			

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
 † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]



[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\*

Mary Leary

Age, 71-5

Place and Place of Death,†

died at

Wentworths Aug. 3 1894.

Disease or Cause of Death, -  
(Primary and Secondary.)‡

of

Cholera Morbus

Duration of Sickness, -

One week with relapse

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician,

S. H. Dring M.D.

Date of Certificate,

Aug 4 1894.

Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.  
Plate. Ed. May, 1893. — 5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

## RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	August 15 <sup>th</sup> 1894
2. Name, . . . . . (Maiden Name), * . . . . (Name of Husband), * . . . .	Sarah Miller Calderwood A. D. Whittier (Female) Married (Wife)
3. Sex, and whether single, Married, or Widowed,	Female Married
4. Color, † . . . . .	White
5. Age, . . . . .	56 Years, 4 Months, 22 Days.
Disease or Cause of Death, (Primary and Secondary), †	
6. Duration of Sickness, . . . . . (By whom certified, . . . . .)	
7. Residence, . . . . .	Vintrop Mass
8. Occupation, . . . . .	
9. Place of Death, . . . . .	Vintrop Street
10. Place of Birth, . . . . .	Winchester Centre (Mass)
11. Name of Father, . . . . .	Ben
12. Name of Mother, . . . . . (Maiden Name), . . . . .	Lydia Dickinson Centre Mass
13. Birthplace of Father, . . . . .	
14. Birthplace of Mother, . . . . .	Beaumont Mass.
15. Place of Interment, . . . . .	Hyde Park Cemetery
Signature of Undertaker <del>not necessary</del> making the Return, . . . . .	Summer Floyd

DATED at Wentrop, on Aug 16<sup>th</sup> 1894.

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
 † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.



# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\*

Sarah Whittier

Age, 56 years

Date and Place of Death,† -

died at Winthrop (Winthrop Street) Aug 15 1894.

Disease or Cause of Death, -  
(Primary and Secondary.)‡

of Cholera Morbus

Duration of Sickness, -

Ten days

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician,...

Albert B. Dorman M.D., Sec. Board of Health

Date of Certificate,

Nov. 13<sup>th</sup> 1894

1894.

\* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.

Plate. Ed. May, 1893. — 5,000.



[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

## RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Sept 12 1892
2. Name, . . . . . (Maiden Name)*, (Name of Husband)*,	Alice Ann Thompson Thompson, Alice
3. Sex, and whether single, Married, or Widowed,	Female
4. Color, † . . . . .	White
5. Age, . . . . .	74 Years, 5 Months, 28 Days.
Disease or Cause of Death, (Primary and Secondary), †	Pneumonia
6. Duration of Sickness, . (By whom certified, .	John Smith
7. Residence, . . . . .	1111 1/2 St. N. W.
8. Occupation, . . . . .	Housewife
9. Place of Death, . . .	1111 1/2 St. N. W.
10. Place of Birth, . . .	Virginia
11. Name of Father, . .	John Smith
12. Name of Mother, . . (Maiden Name),	Mary Smith
13. Birthplace of Father, .	Virginia
14. Birthplace of Mother, .	Virginia
15. Place of Interment, .	St. Paul's Church
Signature of Undertaker <del>other person</del> making the Return, . . . . .	James Smith
DATED at . . . . ., on . . . . .	Smith, Sept 12 1892

\* If a Married Woman or Widow, † If a Soldier who served in the War of the Rebellion.  
 † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

*Funeral Burial*  
*2082 Burial*  
*1012 Burial*  
[ACTS OF 1888, CHAP. 306.]

*Public*  
AN ACT

RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

*Be it enacted, etc., as follows:*

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows:—*Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows:—*Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [Approved May 4, 1888.]

## RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Sept 2 <sup>nd</sup> 94
2. Name, . . . . . (Maiden Name), * (Name of Husband) *,	Mrs E E Sweetland Elin. A. <del>Scott</del> Chas E Sweetland Female & married Married, White Mule 45 Years, Months, 21 Days. Ja Lule
3. Sex, and whether single, Married, or Widowed,	
4. Color, † . . . . .	
5. Age, . . . . .	
(Disease or Cause of Death, (Primary and Secondary). †	
6. Duration of Sickness, . (By whom certified, .	
7. Residence, . . . . .	Pauline St. Winthrop Mass
8. Occupation, . . . . .	Winthrop. Mass
9. Place of Death, . . .	Manchester
10. Place of Birth, . . .	Eliot Ashley Hill
11. Name of Father, . . .	Helen M. <del>Witter</del> Long
12. Name of Mother, . . . (Maiden Name),	Concord N.H.
13. Birthplace of Father, .	Manchester. Mass
14. Birthplace of Mother, .	Winthrop. Mass
15. Place of Interment, .	Winthrop, Floyd.
Signature of Undertaker <del>making</del> the Return, . . . . .	
DATED at <u>Winthrop</u> , on <u>Sept 3</u> 18 <u>94</u>	

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
 † If other than White, (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

## AN ACT

### RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

*Be it enacted, etc., as follows:*

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows:— *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows:— *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [Approved May 4, 1888.]



# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\*

Elsie A. Sweetland

Age, 15 yrs 21 ds

Date and Place of Death,†

died at

Winthrop (Pauline St) Sep. 2 1894.

Disease or Cause of Death, -

of

Consumption

(Primary and Secondary.)‡

Duration of Sickness, -

One year

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician,

M. S. Soule M.D. Winthrop, Mass.

Date of Certificate,

Sept. 4<sup>th</sup>

1894.

Or Sex of Infant (not named). If stillborn so state.

‡ If child died immediately after birth so state.  
Plate. Ed. May, 1893. — 5,000.

† If a soldier or sailor who served in the War of the Rebellion.



[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

# RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	September 2 <sup>nd</sup> 1894
2. Name, . . . . . (Maiden Name), * (Name of Husband), *	Catharine A. Doyle Stephens, Mr. Aubrey Female (W)
3. Sex, and whether single, Married, or Widowed,	Female
4. Color, † . . . . .	
5. Age, . . . . .	40 Years, 4 Months, 2 Days.
(Disease or Cause of Death, (Primary and Secondary), †)	Typhoid
6. Duration of Sickness, . (By whom certified, .	Wentworth Mass
7. Residence, . . . . .	Payson Street
8. Occupation, . . . . .	at Island
9. Place of Death, . . . . .	Salisbury Mass
10. Place of Birth, . . . . .	Weymouth
11. Name of Father, . . . . .	Dr. Edmund
12. Name of Mother, . . . . . (Maiden Name),	Dr. Edmund
13. Birthplace of Father, .	Dr. Edmund
14. Birthplace of Mother, .	Dr. Edmund
15. Place of Interment, .	Dr. Edmund
Signature of Undertaker or other person making the Return, . . . . .	Dr. Edmund

DATED at Wentworth, on Sept 2, 1894

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
 † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.  
 [Be very particular to fill all Blanks.]  
 Plate. Ed. Nov. 1890—5,000.

## AN ACT

## RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

*Be it enacted, etc., as follows:*

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# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\*

Catharine A. Doyl

Age,

40 yrs 4 mos

Date and Place of Death,†

died at

Winthrop Pauline St Sept - 2 1894

Disease or Cause of Death, -

(Primary and Secondary.)‡

of

Hypertrophic Cirrhosis of liver

Duration of Sickness, -

not known

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician,

N. A. Morrison 88 Princeton St. E. Boston

Date of Certificate,

Sept. 3 1894

\* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

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## RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Feb 7 1894
2. Name, . . . . . (Maiden Name),* (Name of Husband),*	Andrew J. O'Brien -Mia-
3. Sex, and whether single, Married, or Widowed,	Male
4. Color,† . . . . .	White
5. Age, . . . . .	66 Years, 19 Months, 19 Days.
(Disease or Cause of Death, (Primary and Secondary),†	La Grippe
6. Duration of Sickness, . (By whom certified, .	Nothing
7. Residence, . . . . .	Ward 2nd
8. Occupation, . . . . .	Bookbinder
9. Place of Death, . . .	Home
10. Place of Birth, . . .	Scotland
11. Name of Father, . . .	William O'Brien
12. Name of Mother, . . . (Maiden Name),	Elizabeth O'Brien
13. Birthplace of Father, .	Scotland
14. Birthplace of Mother, .	Scotland
15. Place of Internment, .	Ward 2nd
Signature of Undertaker <del>or other person making</del> the Return, . . . . .	Andrew J. O'Brien
DATED at . . . . ., on . . . . .	Feb 9 1894

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]



[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]

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# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\* *Theresa Jane Conn* <sup>1st</sup> <sup>ds</sup>  
 Date and Place of Death,† - died at *Winthrop* (September 9th) 1894.  
 Disease or Cause of Death, - of *Hæmorrhage of Bowels*  
 (Primary and Secondary.)‡  
 Duration of Sickness, - - *Two weeks*

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician, *H. S. Soule Winthrop*

Date of Certificate, *Sept 10* 1894.

\* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.  
 Plate. Ed. May, 1893. — 5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

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# PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

*Winstthrop* *Sept 11<sup>th</sup>* ..... 189*4*  
*Boston*  
Name and age of deceased: *Mary E. Hook* ..... Age *61* yrs. *2* mos. *29* dys.  
Date and place of death: *Sept 9<sup>th</sup> 1894 Winstthrop* .....  
Disease or cause of death: *Bright's Disease* .....

Duration of disease: \* *One year* .....

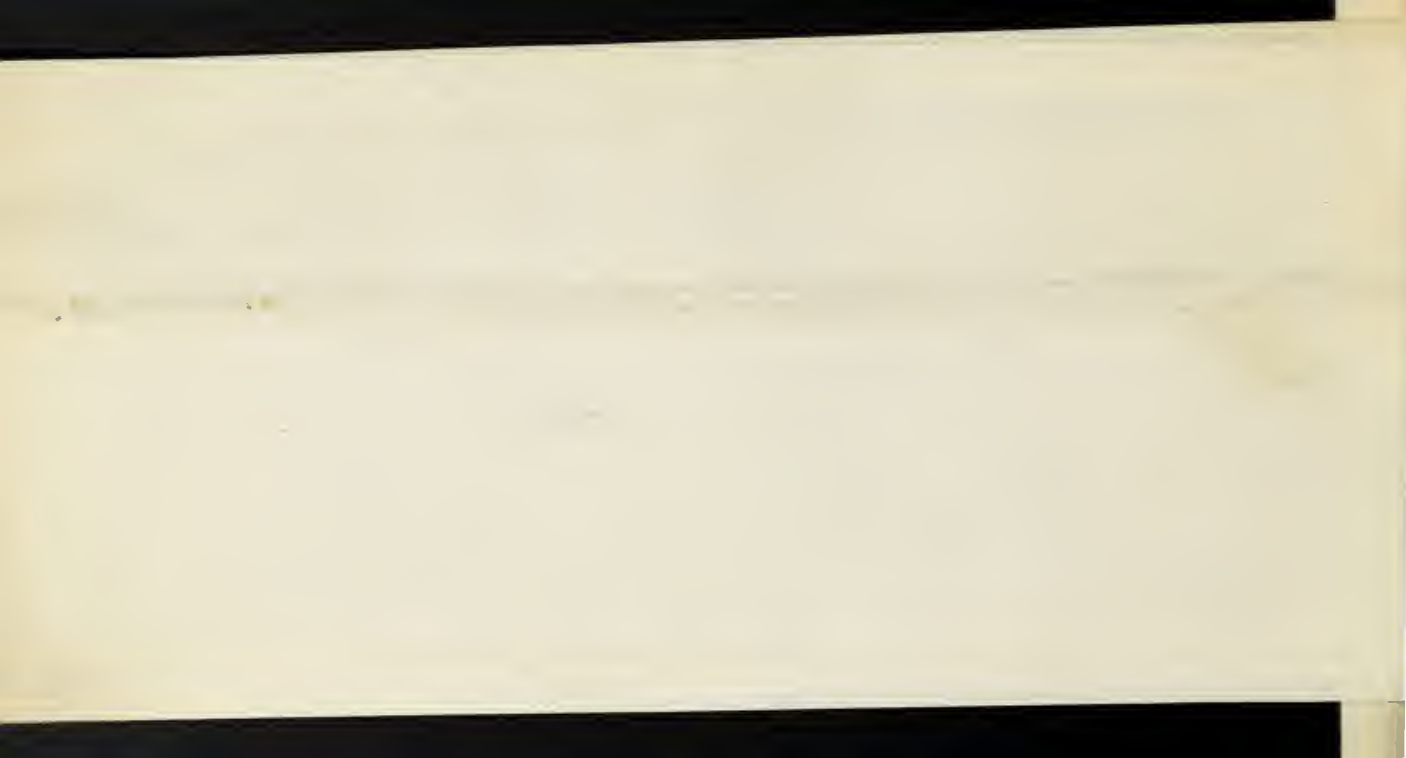
I certify that the above is true, to the best of my knowledge and belief.

Name and residence }  
of physician. }

*H. J. Sewell*  
*Winstthrop Mass*

M. D

\*It is very desirable to be informed of the duration of the disease.



# UNDERTAKER'S RETURN.—Boston.

*Winthrop*

Date of death, *Sept 7* 189 *1* Name, *Mary P. Black*

Maiden name, \* *Mary P. (Maiden)* Sex, *Female*

Married, single, or widow of *Ellis C. Black* wife of *Ellis C. Black*

Color, *White* Age, *61* years, *2* mos., *29* days. Residence, *Winthrop*

Place of death (street and number), *Care of Winthrop* ward *1*

Place of birth, *Chilmark* Occupation, *Domestic*

Name of father, *Nathaniel Hodgins* Maiden name of mother, *Rebecca Breece*

Birthplace of father, *Danbury* Birthplace of mother, *Chilmark*

Place of interment, † *Winthrop*

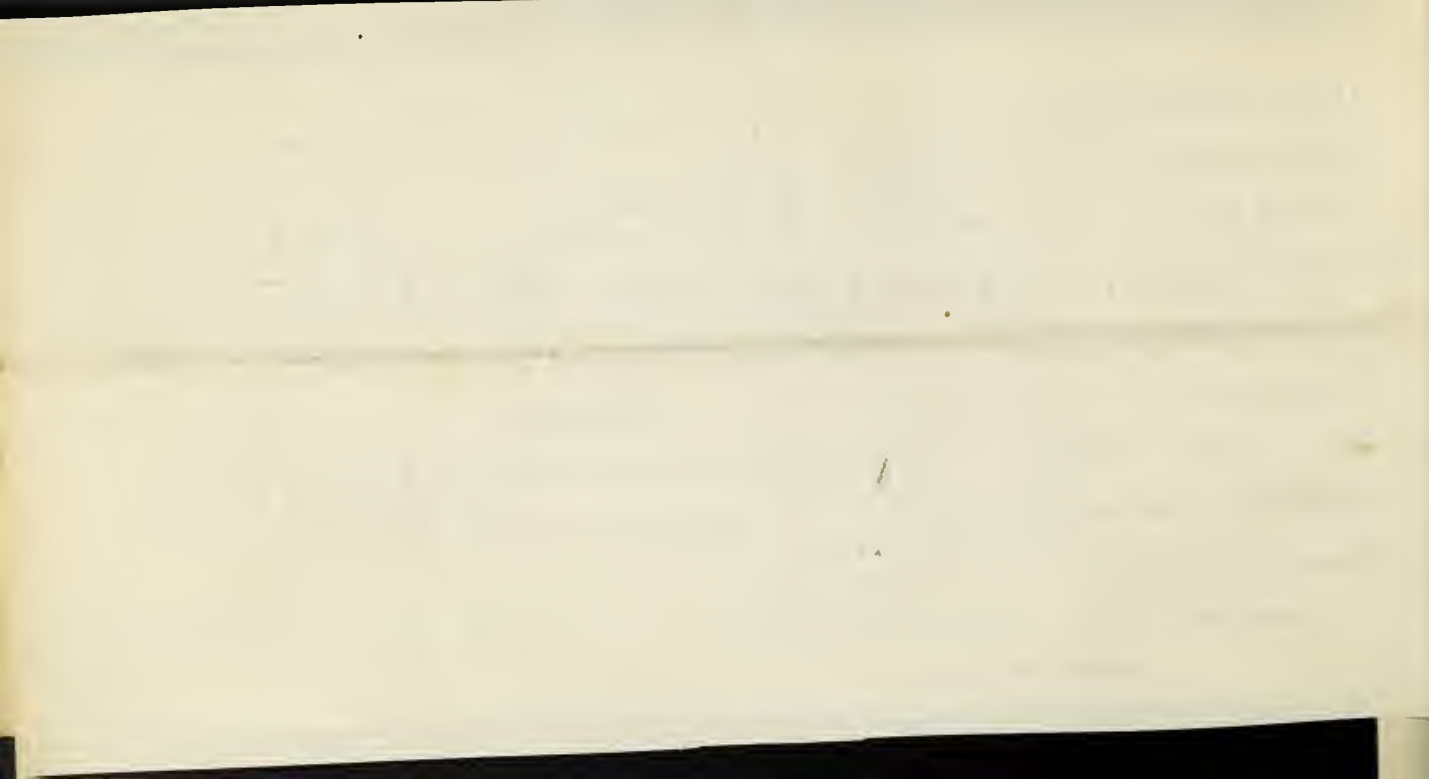
\* If a married woman or a widow.

† Give the name of the burial ground.

Signature of Undertaker:

Date of Certificate *Sept 19*  
*O. W. Shrago*





UNDERTAKER'S RETURN. — Boston. *Winthrop*

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

(B)  
*B* Boston, *Sept 20* 189*7*  
Name and age of deceased: *Charlotte Joyce* Age *36* yrs. *4* mos. *18* dys.  
Date and place of death: *Sept 20 - 1897* *Main Cor Pleasant St Winthrop*  
Disease or cause of death: *acute Tuberculosis.*

Duration of disease.\* *4 weeks.*

I certify that the above is true, to the best of my knowledge and belief.

Name and residence  
of physician. }

*W. B. Michael* M. D.  
*Spencer*

\*It is very desirable to be informed of the duration of the disease.

*U. J. V. Brown*

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\* *Theresa Jane Conn* Is *ds*  
 Date and Place of Death,† - *died at Winthrop (September 9th)* Age, *66-19*  
 Disease or Cause of Death, - *of Hamerhaych Bunnells*  
 (Primary and Secondary.)‡  
 Duration of Sickness, - *two weeks*

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician, *H. S. Soule Winthrop*

Date of Certificate, *Sept 10* 1894.

\* Or Sex of Infant (not named). If stillborn so state. † If child died immediately after birth so state. ‡ If a soldier or sailor who served in the War of the Rebellion.  
 Plate. Ed. May, 1893. — 5,000.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

# PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winstthrop Sept 11<sup>th</sup> 1894  
Boston  
Name and age of deceased: Mary E. Hooker Age 61 yrs. 2 mos. 29 dys.  
Date and place of death: Sept 9<sup>th</sup> 1894 Winstthrop  
Disease or cause of death: Bright's Disease

Duration of disease: \* One year

I certify that the above is true, to the best of my knowledge and belief.

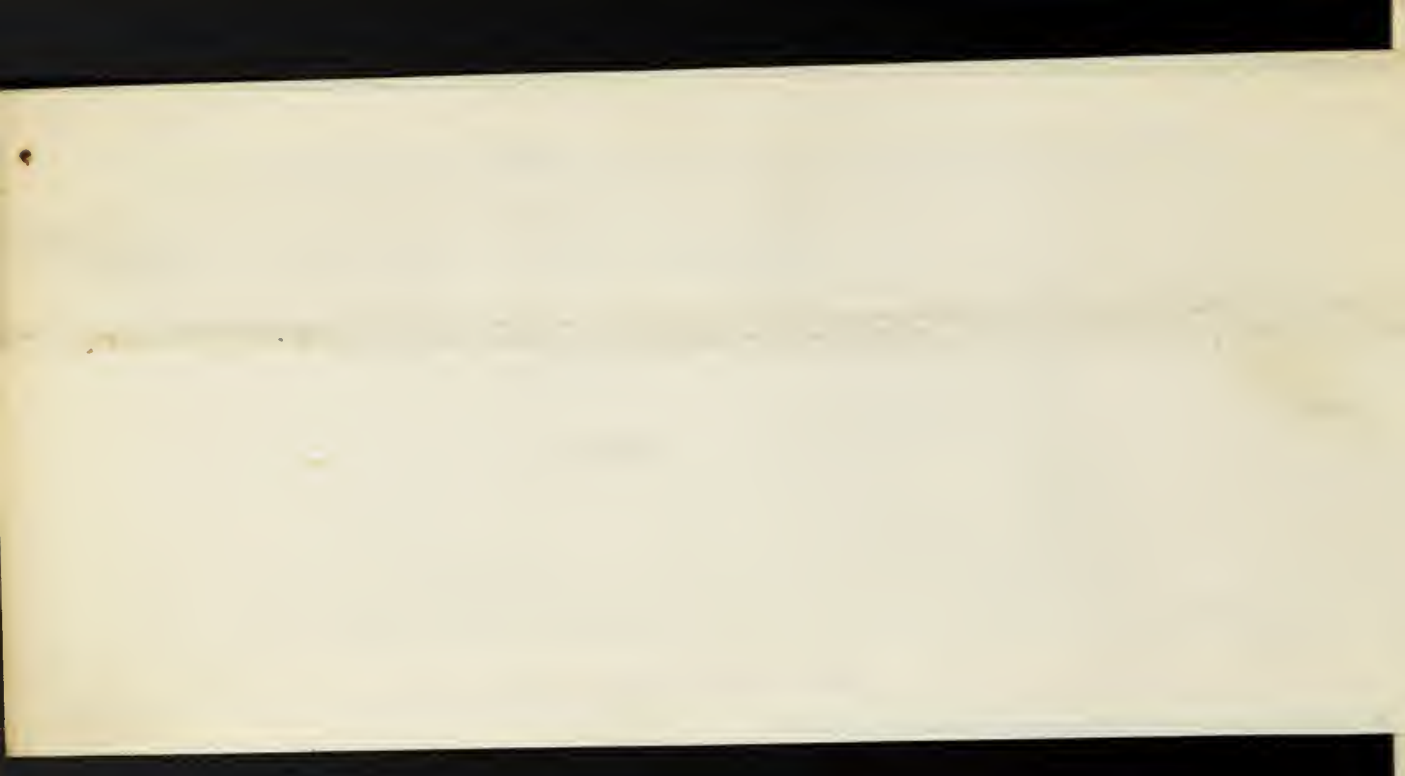
Name and residence }  
of physician. }

H. J. Sewell  
Winstthrop. Mass

M. D

\*It is very desirable to be informed of the duration of the disease.





# UNDERTAKER'S RETURN.—Boston. *Wentworth*

Date of death, *Sept 9* 189 *1* Name, *Henry P. Wentworth*

Maiden name, \* *Henry P. (Wentworth)* Sex, *Male*

Married, single, or widow of *Ellen C. Wentworth* wife of *George P. Wentworth*

Color, *White* Age, *61* years, *2* mos., *29* days. Residence, *Wentworth*

Place of death (street and number), *Wentworth* ward *1*

Place of birth, *Chilmark* Occupation, *Farmer*

Name of father, *Nathaniel Hodgins* Maiden name of mother, *Rebecca Brewer*

Birthplace of father, *Duxbury* Birthplace of mother, *Chilmark*

Place of interment, † *Wentworth*

\* If a married woman or a widow.

† Give the name of the burial ground.

Signature of Undertaker:

*Date of Certificate Sep 19*  
*O. W. Sprague*



PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

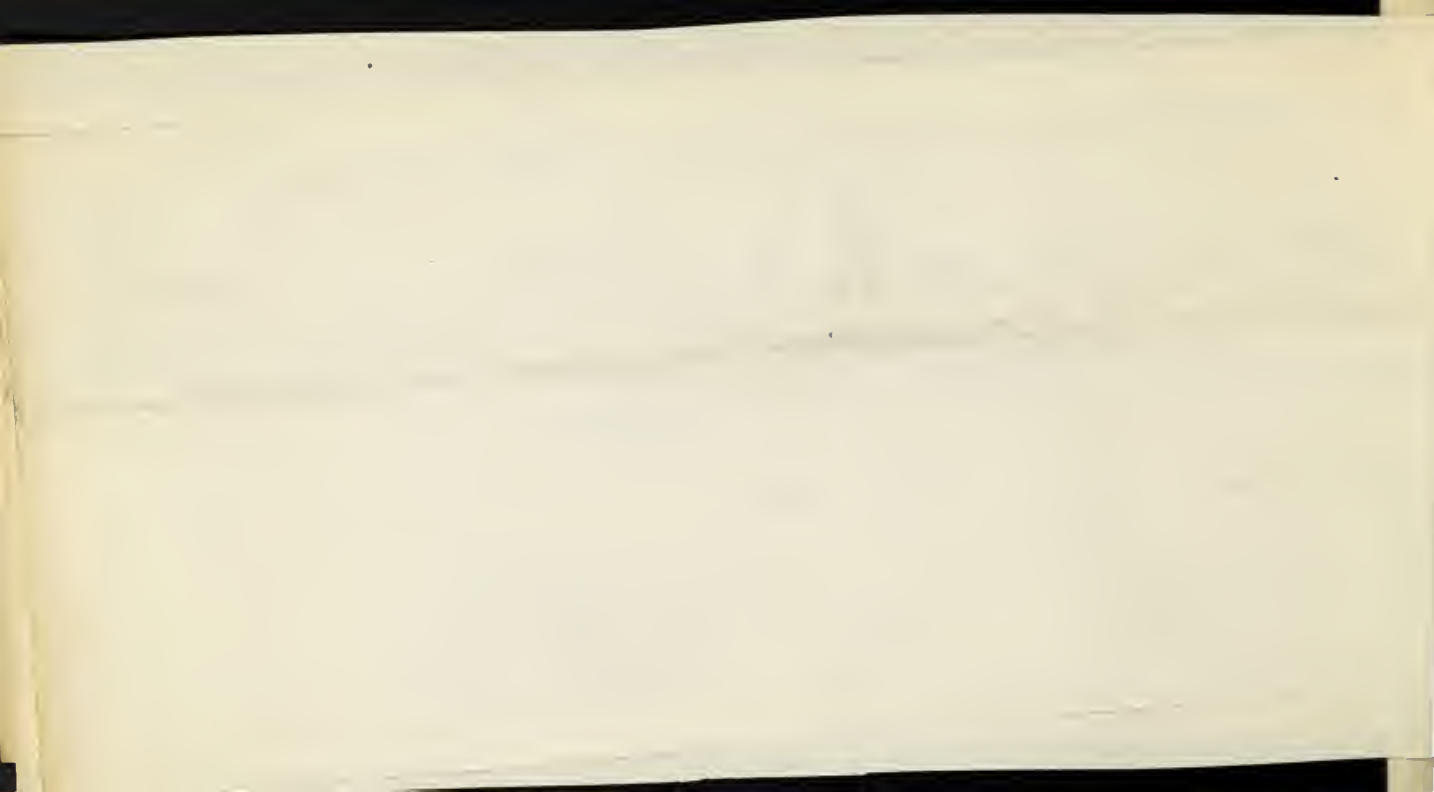
(B)  
Boston, Sept 20 1894  
Name and age of deceased: Charlott ~~W~~ Joyce Age 36 yrs 4 mos 18 dys.  
Date and place of death: Sept 20 - 1894 Main Cor Pleasant St Winthrop  
Disease or cause of death: acute Tuberculosis.

Duration of disease: \* 4 weeks.

I certify that the above is true, to the best of my knowledge and belief.

Name and residence  
of physician. }

W. B. Michael.  
Boston M. D.



# UNDERTAKER'S RETURN.—Boston.

*Winthrop*

Date of death, *Sept 20* 189*4* Name, *Charlott B Joyce*

Maiden name, \* *Lincoln* Sex, *Female*

Married, single, or widow of *wife of George W*

Color, *White* Age, *26* years, *4* mos., *18* days. Residence, *Winthrop Mass*

Place of death (street and number) *Main Cor Pleasant St* ward

Place of birth, *North Cohasset Mass* Occupation, *house wife*

Name of father, *David B Lincoln* Maiden name of mother, *Louisa Cooper*

Birthplace of father, *Hasngham Mass* Birthplace of mother, *Provincetown Mass*

Place of interment, † *Woodsland Cemt*

\* If a married woman or a widow.

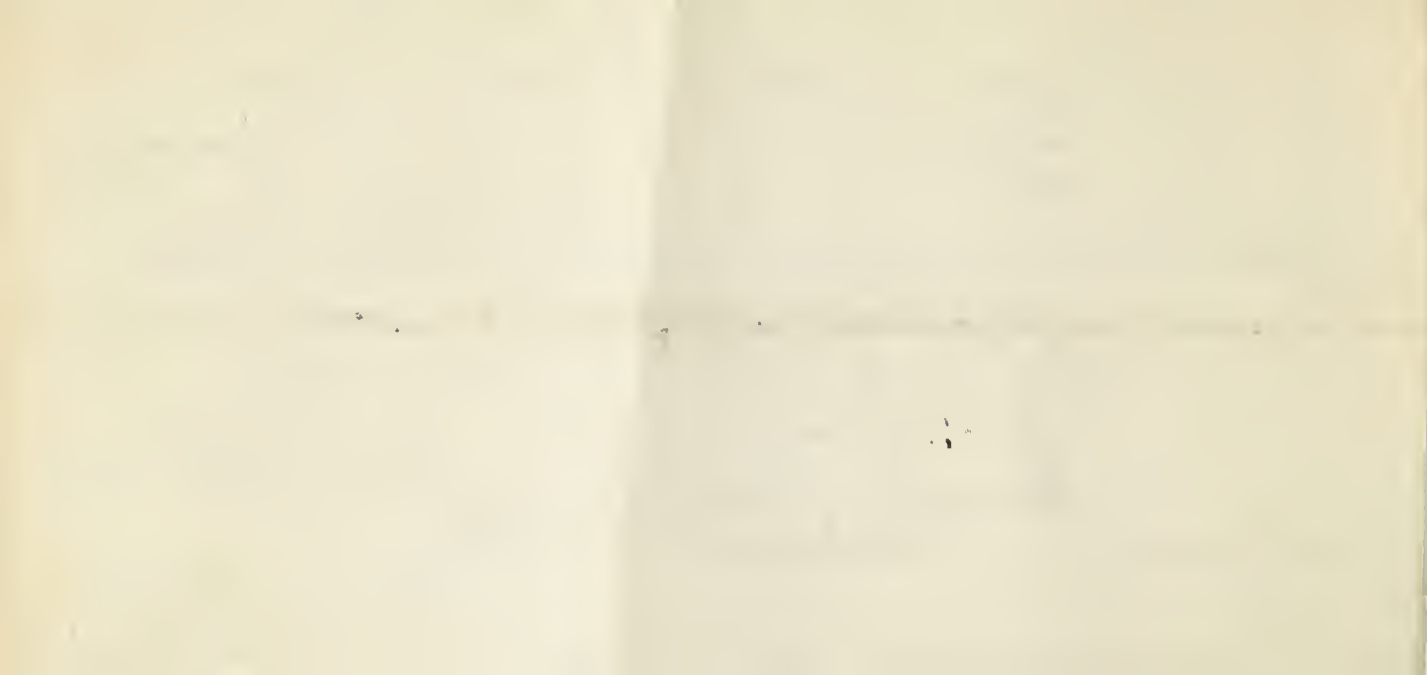
† Give the name of the burial ground.

*Date of Certificate*  
*Sept 21*

Signature of Undertaker:

*E G Brown*





PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Somerville, *Windsor* *Sept 22* " 189*4*

Name of Deceased, *Nellie A Pyrene*

Age, *40* Yrs., *7* Mos., *22* Days

Place and Date of Death: Died at *Crystal Cove Ave* *Somerville, Windsor* " *Sept 22* 189*4*

Disease or Cause of Death. *Tumor in Bowels*

(If a Soldier who served in the War of the Rebellion, both the primary and secondary causes of death must be given.) \*

Duration of Disease, † *One year, or more*

I certify that the above is true, to the best of my knowledge and belief,

Signature of Physician,

*H. S. Lacle*

M. D.

Residence, (No.)

*Windsor St*  
(Street.)

*Windsor*  
(Town or City.)



# UNDERTAKER'S RETURN.

SOMERVILLE, MASS.

Date of } Sept 22 189 4 Name, Kellie A. Rymer  
Death. }

Maiden Name, Kellie et Gray Name of } James E Rymer  
Husband. }

Sex, Female Color, W Single, Married or Widowed, Married

Age, 40 Yrs., 7 Mos., Days. Residence, 286 Highland Somerville  
(No.) (Street.) (Town or City and State.)

Place of Death (Street and Number), 28 Crystal Car Ave Somerville, Mass.  
(Street.) (Town or City and State.)

Occupation, Widow Place of Birth, Boston Mass  
Name of } Joseph T. Gray Maiden Name } Gerusha L Piper  
Father. } of Mother. }  
Birthplace } Sheffield Vt Birthplace } Morgan Vt  
of Father. } of Mother. }

Place of Interment, Cambridge Cambridge  
(Cemetery.) (Town or City and State.)

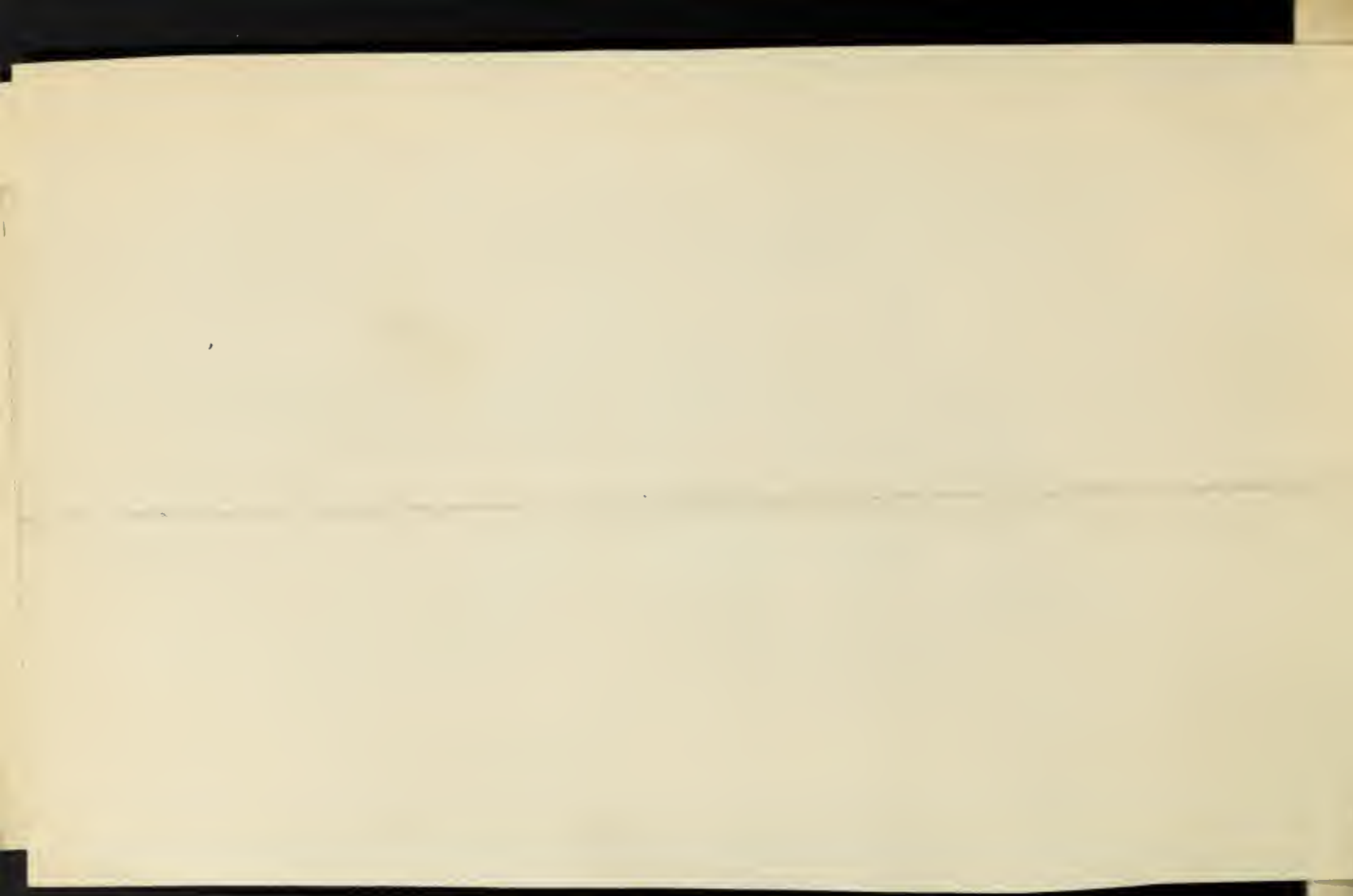
\* If a Married woman or a Widow. † If other than White, (A) African, (M) Mulatto, (I) Indian; if of other races, specify what.

Signature of Undertaker,

E H Marsh

Residence, 24 Lincoln St Somerville  
(No.) (Street.) (Town or City.)

ate Certificate  
1st 28



## RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .
2. Name, . . . . .  
(Maiden Name),\*  
(Name of Husband),\*
3. Sex, and whether single,  
Married, or Widowed,
4. Color,† . . . . .
5. Age, . . . . .
6. Disease or Cause of Death,  
(Primary and Secondary),†  
Duration of Sicknes, .  
(By whom certified, .
7. Residence, . . . . .
8. Occupation, . . . . .
9. Place of Death, . . . . .
10. Place of Birth, . . . . .
11. Name of Father, . . . . .
12. Name of Mother, . . . . .  
(Maiden Name).
13. Birthplace of Father, . . . . .
14. Birthplace of Mother, . . . . .
15. Place of Interment, . . . . .

Signature of Undertaker  
or other person making  
the Return, . . . . .

DATED at *Amherst*, on *Sept 27*, 189*5*

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]



## AN ACT

## RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

*Be it enacted, etc., as follows:*

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows:—*Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows:—*Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [Approved May 4, 1888.]

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\*

Charlotte Ann Larned

Age, 66-3-2 ds

Date and Place of Death,† -

died at Wintthrop (Main Street) Sept 26" 1894.

Disease or Cause of Death, -  
(Primary and Secondary.)‡

of Heart Disease

Duration of Sickness, - -

Twenty four hours

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician,

H. S. Leitch M.D. Wintthrop Mass

Date of Certificate,

Sept 28

1894.

\* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

## RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Oct-2-1874
2. Name, . . . . . (Maiden Name),* . . . (Name of Husband),* . . .	Robert E. Byrum
3. Sex, and whether single, Married, or Widowed,	Male (single)
4. Color,† . . . . .	White
5. Age, . . . . .	21 Years, 2 Months, 25 Days.
(Disease or Cause of Death, (Primary and Secondary), †	500 Plunket Ave Boston
6. Duration of Sickness, . . . (By whom certified, . . .	Clark
7. Residence, . . . . .	Waltham Mass.
8. Occupation, . . . . .	Cambridge Mass.
9. Place of Death, . . . . .	Robert E. Byrum
10. Place of Birth, . . . . .	Cambridge Mass.
11. Name of Father, . . . . .	Cambridge Mass.
12. Name of Mother, . . . . . (Maiden Name), . . . . .	Cambridge Mass.
13. Birthplace of Father, . . . . .	Cambridge Mass.
14. Birthplace of Mother, . . . . .	Cambridge Mass.
15. Place of Interment, . . . . .	Cambridge Mass.
Signature of Undertaker <del>whether person making</del> the Return, . . . . .	Sumner Floyd

DATED at Waltham, on October 3<sup>d</sup> 1874

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
 † If other than White. (M.) Mulatto. (I.) Indian. If of other races, specify what.

[Be very particular to fill all Blanks.]

## AN ACT

### RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

*Be it enacted, etc., as follows :*

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows:— *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows:— *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [Approved May 4, 1888.]

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\*

Herbert C. Byram

Age, 21 yrs 35 ds

Date and Place of Death,†

died at Winthrop (Beacon Street) Oct 2 " 1894.

Disease or Cause of Death, -

of Typhoid Fever

(Primary and Secondary.)‡

Duration of Sickness, -

about four weeks

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician,

Albert B. Dorman, M.D.,

Date of Certificate,

Oct. 4<sup>th</sup> 1894

\* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.



[*Public Statutes, Chapter 32. as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

Date of Death, . . .

Name, . . .

(Maiden Name), . .

(Name of Husband),

Sex, and whether single,

Married, or Widowed,

Color, . . .

Age, . . .

Residence, . . .

Occupation, . . .

Place of Birth, . . .

Name of Father, . .

Name of Mother, . .

(Maiden Name).

Birthplace of Father, .

Birthplace of Mother,

Place of Interment, .

Signature of Undertaker or other person making the return.

Wintthrop  
Chelsea, Mass.,

Oct. 31<sup>st</sup> 1894

C. H. Farnum  
Undertaker.

Oct. 29<sup>th</sup> 1894 (1894)

Ezekiel Averell.

Male  
Married

W.

63 Years, Months, Days.

Park Ave.

Cabinetmaker

Richmond Mr.

Christopher Averell

Abby Clifford

Unknown

Unknown

Woodbury.



# PHYSICIAN'S CERTIFICATE.

Name of Deceased,

Eskiel Averill

Date and Place of Death,

Manchester Oct 29 1894.

Disease or Cause of Death,

Uremic Convulsion (Induced from Bright's)

Duration of Sickness,

10 days

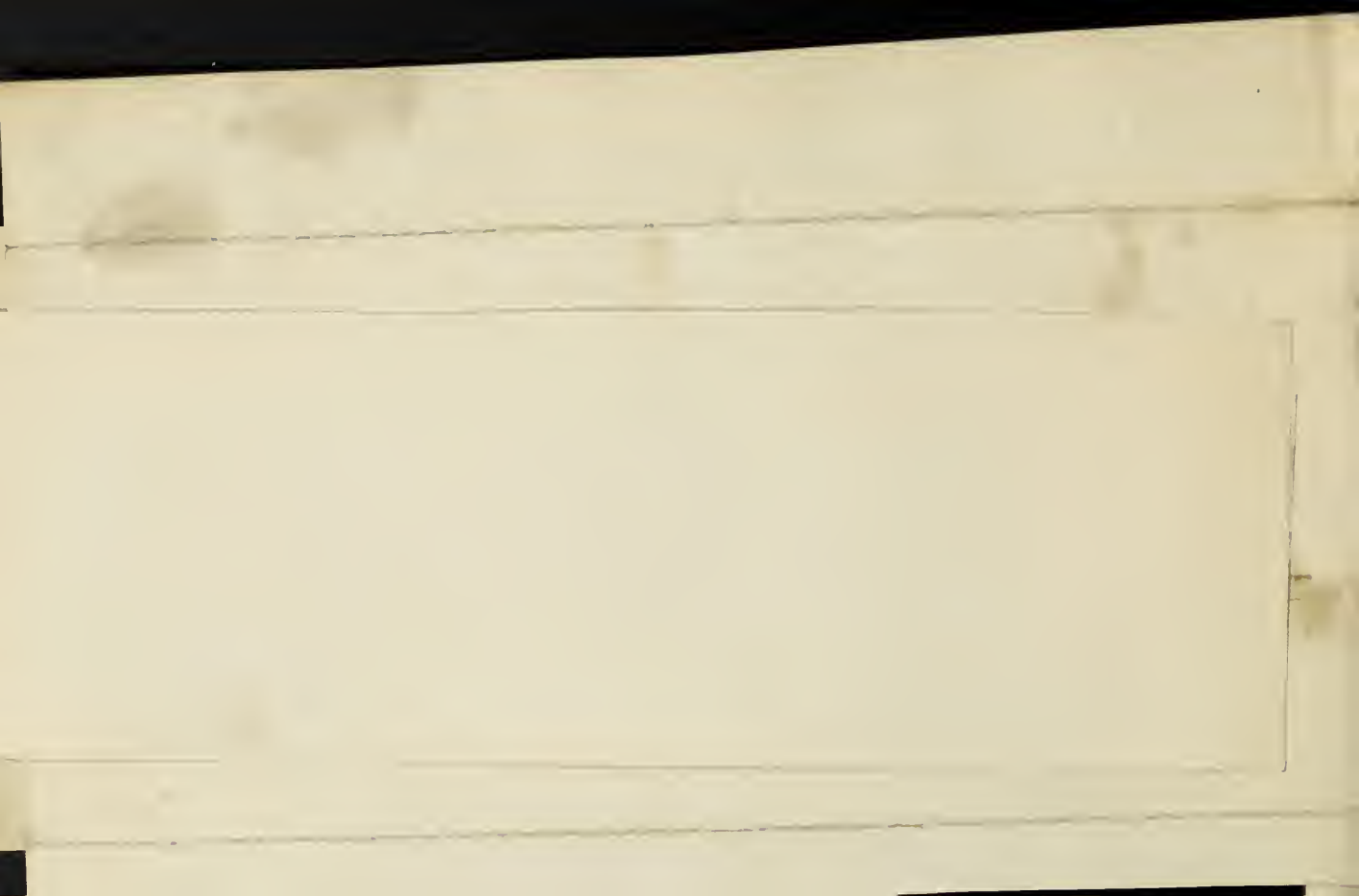
I certify the above is true, to the best of my knowledge and belief.

Daniel Webster Dorman M.D.  
Physician.

Date of Certificate,

Nov 1

1894



## RETURN OF A DEATH

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .

2. Name, . . .

(Maiden Name), \*

(Name of Husband), †

3. Sex, and whether single,

Married, or Widowed,

4. Color, ‡ . . . . .

5. Age, . . . . .

6. Disease or Cause of Death,  
(Primary and Secondary), †

7. Duration of Sickmess, .

By whom certified, .

7. Residence, . . . . .

8. Occupation, . . . . .

9. Place of Death, . . . . .

10. Place of Birth, . . . . .

11. Name of Father, . . . . .

12. Name of Mother, . . . . .

(Maiden Name),

13. Birthplace of Father, .

14. Birthplace of Mother, .

15. Place of Internment, .

Signature of Undertaker

~~or other person making~~

the Return, . . . . .

DATED at

Winthrop, on

November 9, 1894.

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. May, 1893. — 5,000.



*[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 26]*

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or a physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\*

Margaret Jane Bell

Age, 48 yrs - 14 ds

Date and Place of Death,†

died at Northboro (Revere Street) Nov 9<sup>th</sup> 1894.

Disease or Cause of Death, -  
(Primary and Secondary.)‡

of Pulmonary Tuberculosis

Duration of Sickness, -

Eight Months

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician,

Daniel Webster Norman M.D.

Doct. H. Sticklebush  
Mass.

Date of Certificate,

189

Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

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## RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	November 10 <sup>th</sup> 1894	
2. Name, . . . . .	James Louis O'Quinn	
(Maiden Name),*		
(Name of Husband),*		
3. Sex, and whether single,	Male	
Married, or Widowed,		
4. Color,† . . . . .	White	
5. Age, . . . . .	1 Years, 8 Months, 7 Days.	
(Disease or Cause of Death, (Primary and Secondary), ‡	Dr W. Michael	
6. Duration of Sickness, .	Winthrop Mass	
(By whom certified, .	Winthrop Street -	
7. Residence, . . . . .	Winthrop	
8. Occupation, . . . . .	John Joseph O'Quinn	
9. Place of Death, . . . .	Catherine J Landrigan	
10. Place of Birth, . . . .	Englewood	
11. Name of Father, . . . .	P. J. O'Quinn	
12. Name of Mother, . . .	Holy Cross Cemetery	
(Maiden Name),	Summer Floyd	
13. Birthplace of Father, .		
14. Birthplace of Mother, .		
15. Place of Interment, .		
Signature of Undertaker <del>and</del> <del>person</del> making the Return, § . . . . .	Winthrop	
DATED at	Winthrop	on November 10 <sup>th</sup> 1894

\* If a Married Woman or Widow, † If a Soldier who served in the War of the Rebellion.  
 ‡ If other than White. (M.) Mnlatto. (I.) Indian. If of other Races, specify what.

[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

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*Handwritten:* May 21 1894. 12 m. 30-000

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\*

*James Louis Hunter* Age, *1-8-7*

Time and Place of Death,†

died at *Winthrop (Winthrop Street) Nov 10 1894*

Disease or Cause of Death, -  
(Primary and Secondary.)‡

of *Scarlatina (Scarlet Fever)*

Duration of Sickness, -

*6 days*

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician,

*W. H. H. H. H.*

Date of Certificate,

*Nov 11 1894*

\* Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.



[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

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## RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	November 11 <sup>th</sup> 1894
2. Name, . . . . . (Maiden Name)*, (Name of Husband)*,	Benjamin D. Ellwell
3. Sex, and whether single, Married, or Widowed,	Male Married
4. Color, † . . . . .	
5. Age, . . . . .	47 Years, 5 Months, 26 Days.
(Disease or Cause of Death, (Primary and Secondary). †	Dr. A. B. Roman
6. (Duration of Sickness, . (By whom certified, .	Winthrop, Mass Ship's Carpenter Cora Street - East Boston Benjamin D. Ellwell Emmie Knowles
7. Residence, . . . . .	
8. Occupation, . . . . .	
9. Place of Death, . . . . .	
10. Place of Birth, . . . . .	
11. Name of Father, . . . . .	
12. Name of Mother, . . . . . (Maiden Name),	
13. Birthplace of Father, . .	
14. Birthplace of Mother, . .	
15. Place of Interment, . . .	
Signature of Undertaker <del>attest</del> <i>person making</i> the Return . . . . .	Winthrop Cemetery Summer Road
DATED at Winthrop, on November 13 1894	

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
 † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

(Be very particular to fill all blanks.)

*[Public Statutes, Chapter 32 as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263]*

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\*

Benjamin O. Ellwell

Age, 47 yrs 5 mos 27 ds

Date and Place of Death,†

died at Wintrop, Cora Street Nov 11<sup>th</sup> 1894.

Disease or Cause of Death, -

of Heart Disease

(Primary and Secondary.)‡

Duration of Sickness, -

died suddenly. Has been sick for some years.

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician,...

Albert B. Dorman, M.D.

Date of Certificate, ...

Nov. 13<sup>th</sup> 1894

1894

Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

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## RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	June 16, 1894
2. Name, . . . . .	Paul B. Smith
(Maiden Name),* . .	—
(Name of Husband),* .	—
3. Sex, and whether single, Married, or Widowed,	Male
4. Color,† . . . . .	White
5. Age, . . . . .	~ Years, ~ Months, 5 <sup>Years</sup> <del>Days</del>
Disease or Cause of Death, (Primary and Secondary), †	De Alk. 173 Disease
6. Duration of Sickness, .	Hardship & loss
(By whom certified, . .	By Dr. Smith
7. Residence, . . . . .	William B. Smith
8. Occupation, . . . . .	Cult. Morgan
9. Place of Death, . . .	Amherst P.R.
10. Place of Birth, . . .	Amherst P.R.
11. Name of Father, . . .	Amherst P.R.
12. Name of Mother, . . .	Amherst P.R.
(Maiden Name), . . .	Amherst P.R.
13. Birthplace of Father, .	Amherst P.R.
14. Birthplace of Mother, .	Amherst P.R.
15. Place of Interment, .	Amherst P.R.

Signature of Undertaker  
~~of other person~~ making  
the Return.

Amherst P.R.

DATED at Amherst, on Nov 17, 1894

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]



[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263*

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# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\*

Bertie Smith

Age, 5 Hours

Date and Place of Death,† -

died at Winthrop (Peters Street) Nov 16/1894.

Disease or Cause of Death, -  
(Primary and Secondary.)‡

of Premature infant. Died a few hours

Duration of Sickness, - -

after birth.

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician,

Albert B. Dorman, M. D.

Date of Certificate, Nov. 18<sup>th</sup> 1894.

\* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.  
Plate. Ed. May, 1893. — 5,000.

‡ If a soldier or sailor who served in the War of the Rebellion

*[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]*

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# PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston

Mar 24<sup>th</sup> 1894

Name and age of deceased: Mary S. Truchan Age 83 yrs. 8 mos. dys.

Date and place of death: Nov. 24<sup>th</sup> 1894, Bartlett Road Wintthrop Centre

Disease or cause of death: old age

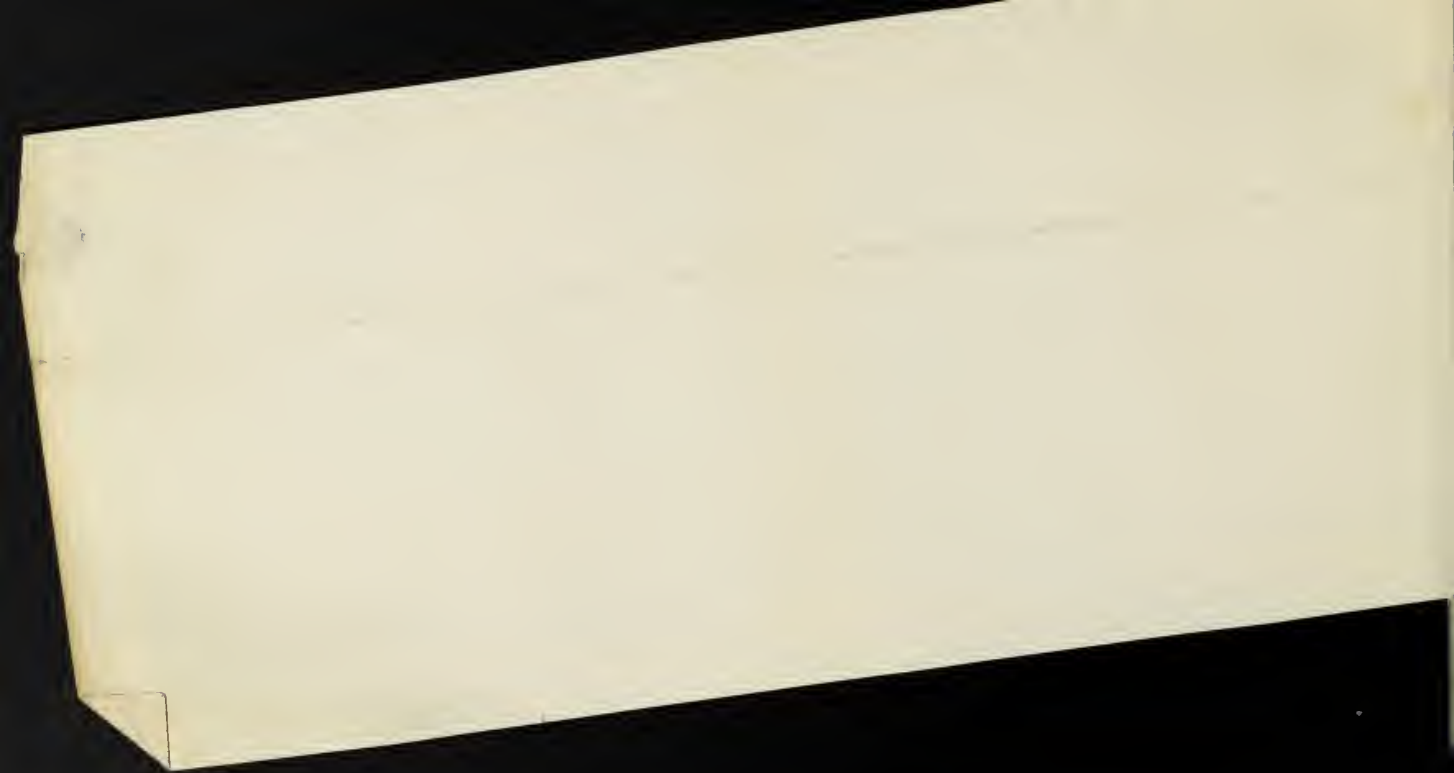
Duration of disease: \* Three weeks

I certify that the above is true, to the best of my knowledge and belief.

Name and residence  
of physician.

Albert S. Looman M. D.  
Wintthrop St. Wintthrop, Mass.

\*It is very desirable to be informed of the duration of the disease.



25  
Certificate  
UNDERTAKER'S RETURN.—Boston.

Date of death, *Nov. 24* 189*4* Name, *Mary Sophia Truchon*  
Maiden name,\* *Mary S. Barrett.* Sex, *F*  
~~Married~~, single, or widow of *Peter Truchon* wife of *—*  
Color, *W.* Age, *83* years, *8* mos., ..... days. Residence, *Bartlett Road, Winthrop*  
Place of death (street and number), *Bartlett Road, Winthrop* <sup>Centre</sup> ward .....  
Place of birth, *Chambly Canada.* Occupation, *—*  
Name of father, *John Barrett.* Maiden name of mother, *Sophia Tuott*  
Birthplace of father, *Spain* Birthplace of mother, *France*  
Place of interment,† *"Holy Cross" Malden*

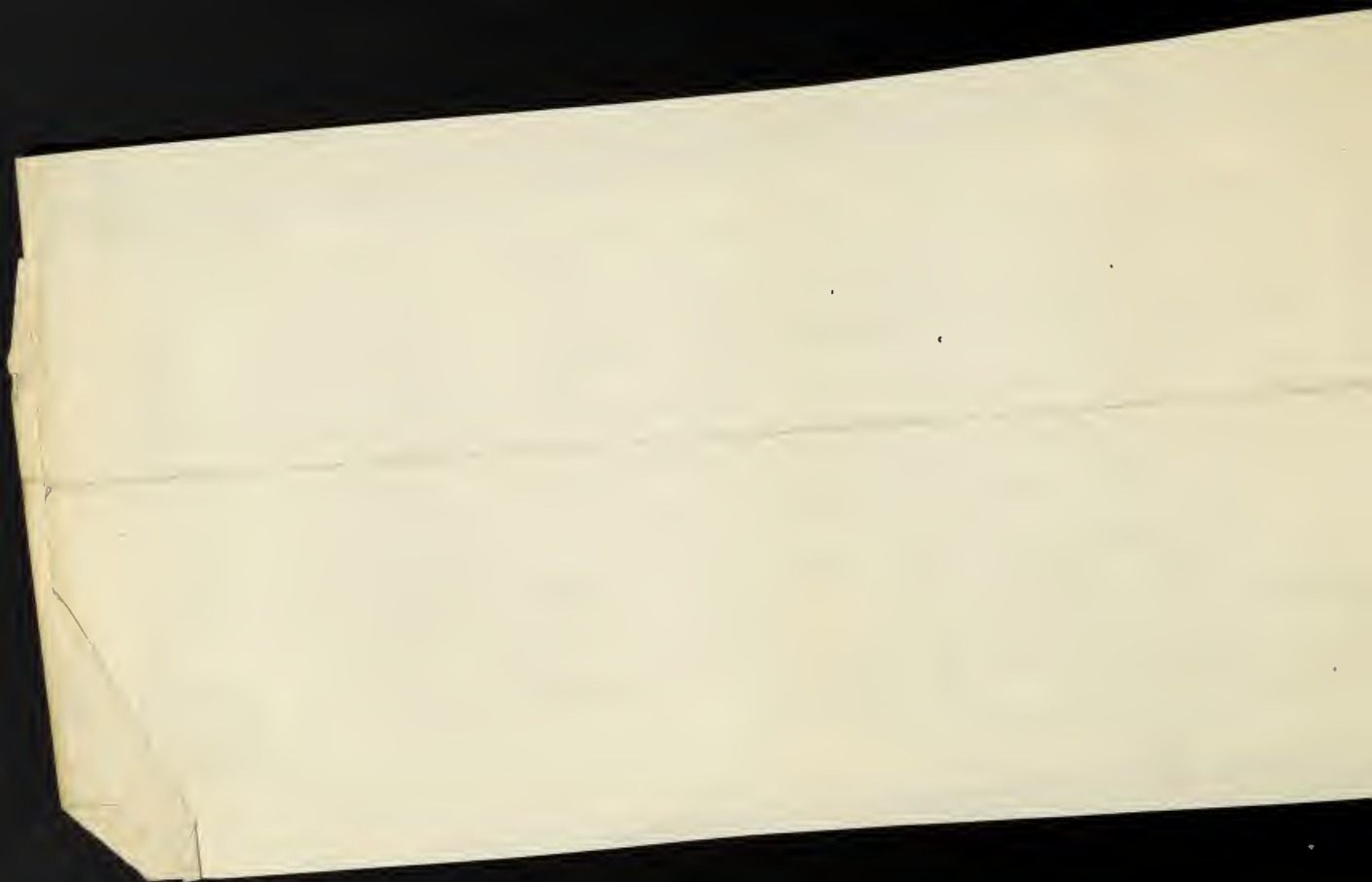
\* If a married woman or a widow.

† Give the name of the burial ground.

Signature of Undertaker:

*Wm. J. Lane*





# RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	December 24, 1891		
2. Name, . . . . .	Edward J. A. Smith		
(Maiden Name), * . .			
(Name of Husband), * . .			
3. Sex, and whether single, Married, or Widowed,	Male		
4. Color, † . . . . .	W		
5. Age, . . . . .	3 Years, 11 Months, 5 Days,		
(Disease or Cause of Death, (Primary and Secondary), ‡	L. A. B. G. G. G.		
6. Duration of Sickness, . .	L. A. B. G. G. G.		
(By whom certified, . .	L. A. B. G. G. G.		
7. Residence, . . . . .	L. A. B. G. G. G.		
8. Occupation, . . . . .	L. A. B. G. G. G.		
9. Place of Death, . . . .	L. A. B. G. G. G.		
10. Place of Birth, . . . .	L. A. B. G. G. G.		
11. Name of Father, . . . .	L. A. B. G. G. G.		
12. Name of Mother, . . . . (Maiden Name),	L. A. B. G. G. G.		
13. Birthplace of Father, . .	L. A. B. G. G. G.		
14. Birthplace of Mother, . .	L. A. B. G. G. G.		
15. Place of Internment, . .	L. A. B. G. G. G.		
Signature of Undertaker or other person making the Return, . . . . .			

DATED at . . . . ., on . . . . . 18 . . . . .

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

(Be very particular to fill all Blanks.)

# AN ACT

## RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

*Be it enacted, etc., as follows:*

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows:—*Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows:—*Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [Approved May 4, 1888]

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\*

Raymond H. Daniels

Age, 3-11-4

Date and Place of Death,† -

died at

Winthrop (Shiley St) Nov 29" 1894.

Disease or Cause of Death, -  
(Primary and Secondary.)‡

of Laryngeal Diphtheria

Duration of Sickness, - -

Five days

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician,...

Albert B. Downey M.D.

Date of Certificate,

Nov. 30<sup>th</sup>

1894

or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.







## RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .

2. Name, . . . . .

(Maiden Name) \*, . .

(Name of Husband), \*, . .

3. Sex, and whether single,

Married, or Widowed,

4. Color, † . . . . .

5. Age, . . . . .

(Disease or Cause of Death,  
(Primary and Secondary), †

6. Duration of Sicknes, . .

(By whom certified, . .

7. Residence, . . . . .

8. Occupation, . . . . .

9. Place of Death, . . . .

10. Place of Birth, . . . . .

11. Name of Father, . . . .

12. Name of Mother, . . . .  
(Maiden Name), . . . .

13. Birthplace of Father, . .

14. Birthplace of Mother, . .

15. Place of Interment, . .

Signature of Undertaker  
or other person making  
the Return, . . . . .

DATED at

, on

18

95

\* If a Married Woman or Widow, † If a Soldier who served in the War of the Rebellion.  
† If other than White. (M.) Mulatto. If of other Races, specify what.

*[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 2]*

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child or immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned for record, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in the absence thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or the physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

2-2-1892

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\*

Henry Ray Douglass

Age, 9 mos. 12 days

Date and Place of Death,†

died at Wintthrop, Mass., Jan. 12<sup>th</sup> 1895.

Disease or Cause of Death, -

(Primary and Secondary.)‡

of Tubercular Meningitis

Duration of Sickness, -

About two weeks

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician,

Albert B. Dorman, M.D.

Date of Certificate, Jan. 15<sup>th</sup> 1895.

\* For Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.

Plate. Ed. May, 1893. — 5,000.

[*Public Statutes, Chapter 32 as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

No.

# RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	January 23/1895
2. Name, . . . . .	William H. Nickerson
(Maiden Name), * . .	—
(Name of Husband), * .	—
3. Sex, and whether single, Married, or Widowed,	Male
4. Color, † . . . . .	Married
5. Age, . . . . .	Male
(Disease or Cause of Death, (Primary and Secondary), †	67
6. Duration of Sickness, . . . . .	Years, a Months, Days.
(By whom certified, . . .	Dr. A. B. Lawrence
7. Residence, . . . . .	Northampton
8. Occupation, . . . . .	Business
9. Place of Death, . . . .	Northampton Street
10. Place of Birth, . . . .	Chatham
11. Name of Father, . . . .	Samuel
12. Name of Mother, . . . .	James Nickerson
(Maiden Name), . . . .	Chatham
13. Birthplace of Father, . .	Northampton
14. Birthplace of Mother, . .	Northampton
15. Place of Interment, . .	Northampton
Signature of Undertaker <del>or other person making</del> the Return, . . . . .	James H. H. H.

DATED at Northampton, on Jan 24 1895

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]



*[Public Statutes, Chapter 32 as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]*

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\*

William H. McKean

Age, 67 yrs

Date and Place of Death,† -

died at Winthrop, Reese Street Jan 23 1895.

Disease or Cause of Death, -  
(Primary and Secondary.)‡

of Pneumonia

Duration of Sickness, - -

10 days

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician,...

Albert B. Dorman M.D.

Date of Certificate,

Jan. 25<sup>th</sup> 1895.

\* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned, recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in the absence thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\*

~~Stillborn~~ Ruel Wilder Grover  
Age, .

Place of Death,†

died at. In room named Mr. Higlands on 5. 1895.

Use or Cause of Death, -

of Stillborn

Primary and Secondary.)‡

History of Sickness, - -

I certify that the above is true, to the best of my knowledge and belief.

Name and Residence of Certifying Physician,

Albert B. Worman, M.D.

Date of Certificate,

Jan. 25<sup>th</sup> 1895.

Name of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.

[*Public Statutes, Chapter 32 as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop Jan. 29 1895  
Boston, .....  
Name and age of deceased: Unknown Age ..... yrs. .... mos. 1-2 dys.  
Date and place of death: Jan. 28<sup>th</sup> Found in Winthrop  
Disease or cause of death: Exposure and freezing

Duration of disease: \*.....

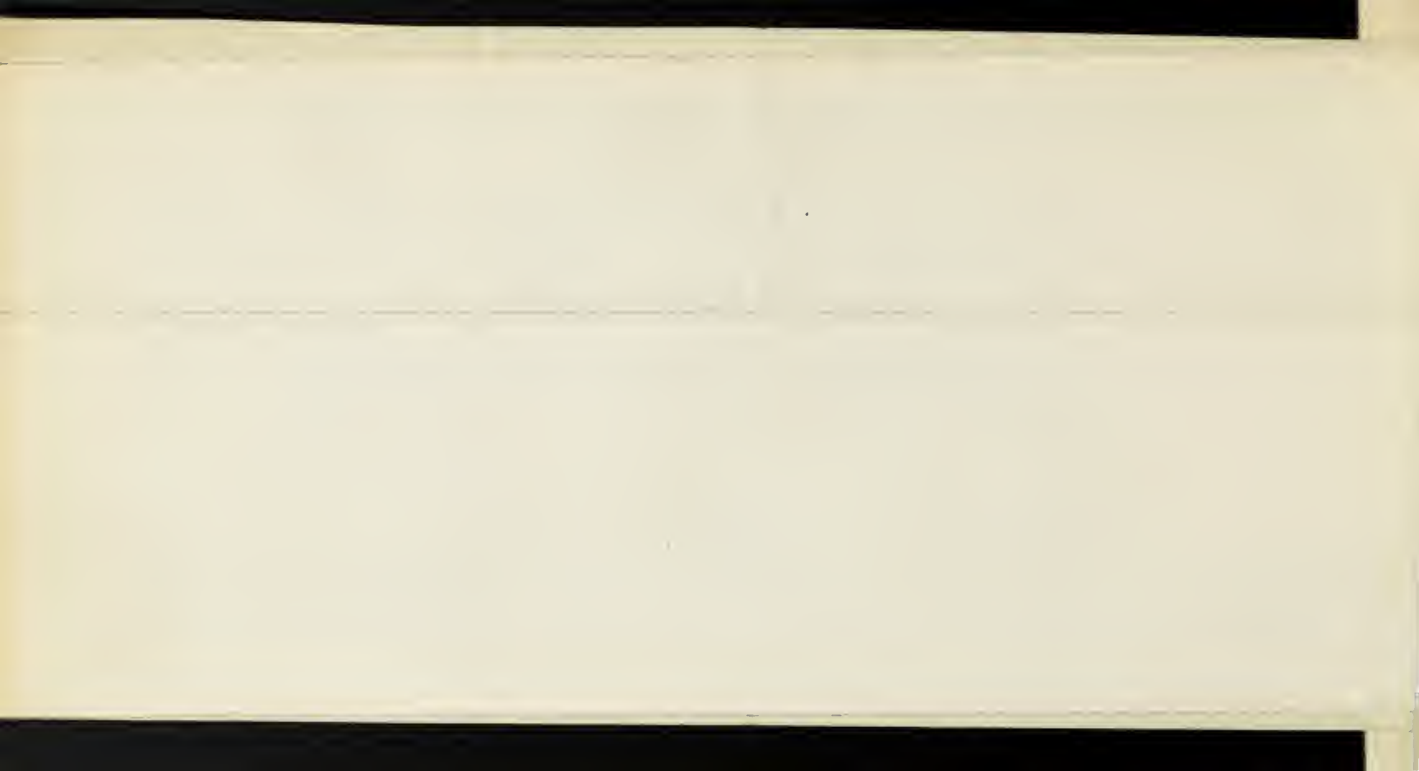
I certify that the above is true, to the best of my knowledge and belief.

Name and residence }  
of physician. }

Francis T. Harris M. D.

\* It is very desirable to be informed of the duration of the disease.





# UNDERTAKER'S RETURN. — ~~Boston.~~

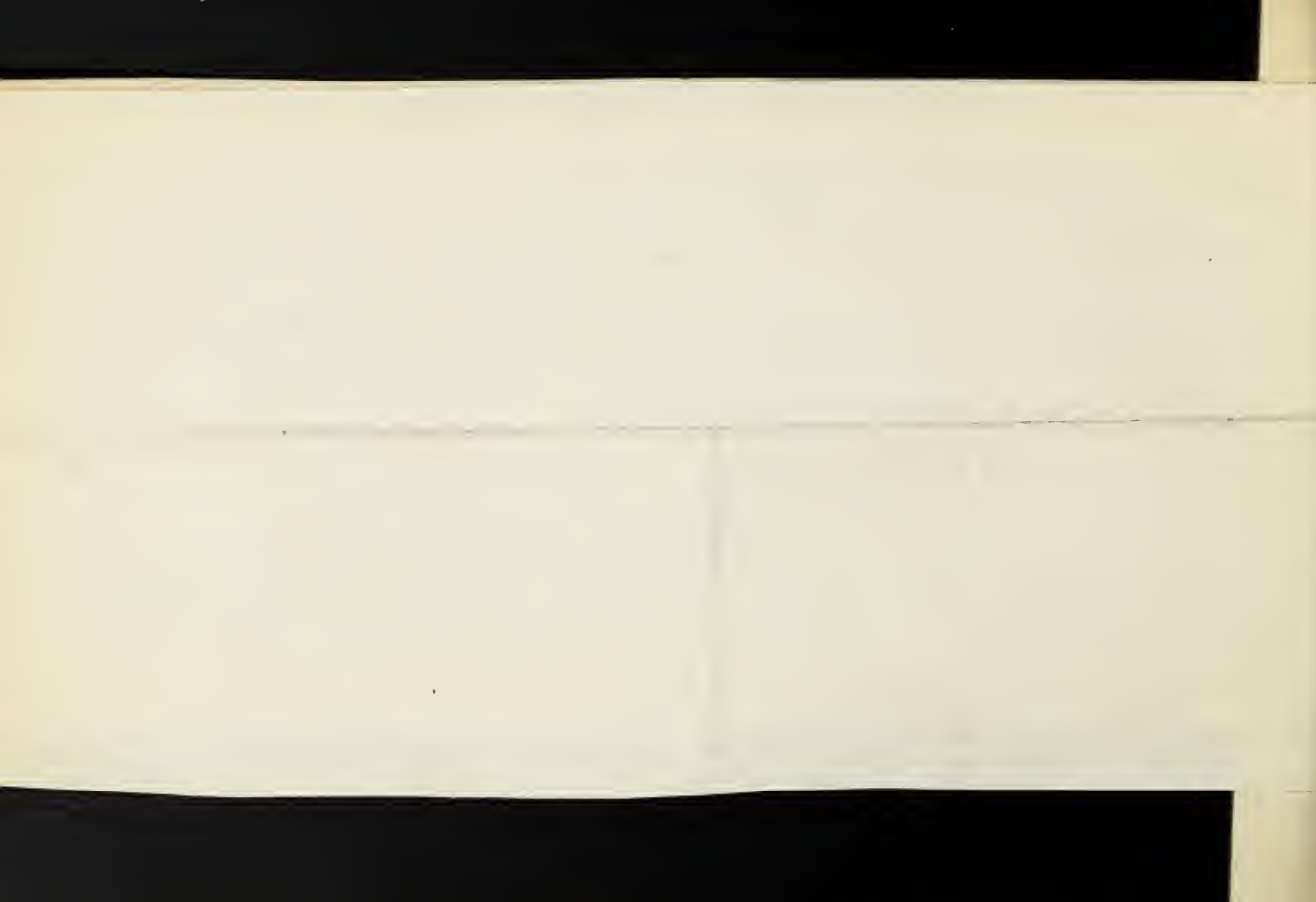
Date of death, *January 28<sup>th</sup> 1895* Name, *Unknown*  
 Maiden name, \* *~~~~~* Sex, *Male*  
 Married, single, or widow of *~~~~~* wife of *~~~~~*  
 Color, *W* Age, *~* years, *2* mos., *1/2* days. Residence, *Unknown*  
 Place of death (street and number), *Shirley<sup>2</sup> Cor. Cross Street* ~~ward~~ *Northrop*  
 Place of birth, *Unknown* Occupation, *~~~~~*  
 Name of father, *Unknown* Maiden name of mother, *Unknown*  
 Birthplace of father, *Unknown* Birthplace of mother, *Unknown*  
 Place of interment, † *Northrop Cemetery*

\* If a married woman or a widow.

† Give the name of the burial ground.

Signature of Undertaker:

*Samuel Floyd*



## RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Feb 13 <sup>th</sup> 1895
2. Name, . . . . . (Maiden Name),* . (Name of Husband),* .	Alway Leach, Higgins Louise Andrew R. Higgins Females Widowed
3. Sex, and whether single, Married, or Widowed,	Female
4. Color,† . . . . .	White
5. Age, . . . . .	69 Years, 10 Months, 7 Days.
6. { Disease or Cause of Death, (Primary and Secondary),‡ Duration of Sickmess, .	In Fever
By whom certified, .	Dr. Williams
7. Residence, . . . . .	Washington Ave
8. Occupation, . . . . .	Bookbinder
9. Place of Death, . . .	Washington Ave
10. Place of Birth, . . .	Bookbinder
11. Name of Father, . . .	John Brown
12. Name of Mother, . . . (Maiden Name),	John Brown
13. Birthplace of Father, .	John Brown
14. Birthplace of Mother, .	John Brown
15. Place of Interment, .	John Brown
Signature of Undertaker <del>or other person making</del> the Return, . . . . .	Sumner Flood

DATED at Washington, on Feb 14<sup>th</sup> 1895

\* If a Married Woman or Widow, † If a Soldier who served in the War of the Rebellion.  
 ‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

*[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]*

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\*

*Susan Soule Higgins* Age, *69-10-7*

Date and Place of Death,†

died at

*Winthrop (Washington Ave) Feb 14<sup>th</sup> 1895.*

Disease or Cause of Death, -

of

*Bright's disease of the kidneys*

(Primary and Secondary.)‡

Duration of Sickness, - -

*One week*

*I certify that the above is true, to the best of my knowledge and belief.*

Signature and Residence of Certifying Physician,

*Albert B. Dorman, M.D.,*

Date of Certificate,

*Feb 16<sup>th</sup>*

*1895.*

\* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.



*[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]*

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

## RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	February 14 <sup>th</sup> 1895
2. Name, . . . . . (Maiden Name)*	Casselia M Campbell
(Name of Husband) *	George
3. Sex, and whether single, Married, or Widowed,	Female Married
4. Color, † . . . . .	White
5. Age, . . . . .	38 Years, 5 Months, 18 Days.
Disease or Cause of Death, (Primary and Secondary), †	Wintersp mass
6. Duration of Sickness, . (By whom certified, .	
7. Residence, . . . . .	Herron Street - Pembroke Me
8. Occupation, . . . . .	John R.
9. Place of Death, . . . .	Caroline Jersey
10. Place of Birth, . . . .	Pembroke Me
11. Name of Father, . . . .	Pembroke Me
12. Name of Mother, . . . . (Maiden Name),	Pembroke Me
13. Birthplace of Father, . .	Pembroke Me
14. Birthplace of Mother, . .	
15. Place of Interment, . . .	

Signature of Undertaker  
~~collaborator~~ making  
 the Return, . . . . .

Summer Floyd

Dated at

Wintersp

, on

February 15<sup>th</sup>

1895

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
 † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

## RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .
2. Name, . . . . .  
(Maiden Name),\* . . .  
(Name of Husband),\* . . .
3. Sex, and whether single,  
Married, or Widowed,
4. Color, † . . . . .
5. Age, . . . . .
- (Disease or Cause of Death,  
(Primary and Secondary), ‡
6. Duration of Sickness, . . .  
(By whom certified, . . .
7. Residence, . . . . .
8. Occupation, . . . . .
9. Place of Death, . . . . .
10. Place of Birth, . . . . .
11. Name of Father, . . . . .
12. Name of Mother, . . . . .  
(Maiden Name), . . .
13. Birthplace of Father, . . .
14. Birthplace of Mother, . . .
15. Place of Interment, . . .

Signature of Undertaker  
~~or other person making~~  
 the Return, . . . . .

DATED at

1905  
 Feb 16<sup>th</sup>

, on

Feb 16<sup>th</sup>

1895

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
 ‡ If other than White. (M.) Mutilato. (I.) Indian. If of other Races, specify what.

(Be very particular to fill all Blanks.)



[*Public Statutes, Chapter 32 as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

*100*

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\* *Helene Homer Pendleton* Age, *4 Mos*  
Date and Place of Death,† - died at *Walthrop (Woodside Ave) Feb 15 1895.*  
Disease or Cause of Death, - of *Acute Bronchitis*  
(Primary and Secondary.)‡  
Duration of Sickness, - - *20 days*

*I certify that the above is true, to the best of my knowledge and belief.*

Signature and Residence of Certifying Physician, *Charles A. Robert M.D. C.P. Lond*

*Walthrop Feb 16 1895.*

\* Or Sex of Infant (not named). If stillborn so state. † If child died immediately after birth so state. ‡ If a soldier or sailor who served in the War of the Rebellion.  
Plate. Ed. May, 1893. — 5,000.



*[Public Statutes, Chapter 32. as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]*

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

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## RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	February 20 <sup>th</sup> 1893
2. Name, . . . . . (Maiden Name), * . . .	John J. Coggin
(Name of Husband), * . . .	Mar. (A)
3. Sex, and whether single, Married, or Widowed,	Male
4. Color, † . . . . .	White
5. Age, . . . . .	24 Years, 11 Months, 1 Days.
Disease or Cause of Death, (Primary and Secondary), †	La Grippe Malaria
6. Duration of Sickness, . . . (By whom certified, . . .	Dr. J. W. Mearns
7. Residence, . . . . .	Northrop Mass
8. Occupation, . . . . .	Explosion
9. Place of Death, . . . . .	William Street
10. Place of Birth, . . . . .	P. R. of Canada
11. Name of Father, . . . . .	James W. Coggin
12. Name of Mother, . . . . . (Maiden Name), . . . . .	Mary Ann Coggin (Maiden name)
13. Birthplace of Father, . . . . .	P. R. of Canada
14. Birthplace of Mother, . . . . .	P. R. of Canada
15. Place of Interment, . . . . .	City of Mass - Malden
Signature of Undertaker <del>or other person making</del> the Return, . . . . .	Sumner Floyd

DATED at Northrop , on February 21 1893

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
 † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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21 5-17-99

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\*

John J. Cozzini

Age, 24 yrs 11 mos

Place and Place of Death,†

died at

Winthrop (Winthrop Street) Feb 20, 1895.

Disease or Cause of Death, -

of

Phthisis Pulmonalis (Consumption)

(Primary and Secondary.)‡

Duration of Sickness, -

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician, .....

Date of Certificate, .....

1895

Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.  
Plate. Ed. May, 1893.—5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.

*[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]*

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No.

## RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Feb. 21 <sup>st</sup> 1898.
2. Name, . . . . . (Maiden Name),* . . . (Name of Husband),* . . .	<del>Lucetta P. Carter</del> Lucetta Paddiford. Richard Marshall Carter, Cousin. Married.
3. Sex, and whether single, Married, <del>Widowed</del> ,	
4. Color, † . . . . .	
5. Age, . . . . .	65 Years, 0 Months, 15 Days.
(Disease or Cause of Death, (Primary and Secondary), † . . . 6. Duration of Sickness, . . .	
(By whom certified, . . .	
7. Residence, . . . . .	Marshall St. & Winthrop, (House).
8. Occupation, . . . . .	Housewife.
9. Place of Death, . . . . .	Winthrop, Mass.
10. Place of Birth, . . . . .	Littleton, N. H.
11. Name of Father, . . . . .	Isaac Paddiford.
12. Name of Mother, . . . . . (Maiden Name), . . . . .	Sarah (Albee)
13. Birthplace of Father, . . . . .	Littleton, N. H.
14. Birthplace of Mother, . . . . .	Littleton, N. H.
15. Place of Interment, . . . . .	Lowell, N. H.
Signature of Undertaker <del>or other person making</del> the Return, . . . . .	Summer Floyd

DATED at Winthrop, on Feb 21<sup>st</sup> 1898

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all blanks.]



[*Public Statutes, Chapter 32 as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\*

Lucetta F. Carter

Age, 65 yrs = 15 ds

Date and Place of Death,†

died at

Wintthrop, (Marshall Street) Feb 21 1895.

Disease or Cause of Death, -

(Primary and Secondary.)‡

of

Cancer of Breast -

Duration of Sickness, -

-

about - one year

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician,

J. E. Johnson

M.D. Wintthrop

Date of Certificate,

Feb 22 1895.

Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.

*[Public Statutes, Chapter 32. as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]*

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# RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .
2. Name, . . . . .  
(Maiden Name), \*  
(Name of Husband), \*
3. Sex, and whether single,  
Married, or Widowed,
4. Color, † . . . . .
5. Age, . . . . .
6. Disease or Cause of Death,  
(Primary and Secondary), †  
Duration of Sickness, .  
(By whom certified, .
7. Residence, . . . . .
8. Occupation, . . . . .
9. Place of Death, . . . . .
10. Place of Birth, . . . . .
11. Name of Father, . . . . .
12. Name of Mother, . . . . .  
(Maiden Name),
13. Birthplace of Father, . . . . .
14. Birthplace of Mother, . . . . .
15. Place of Interment, . . . . .

Signature of Undertaker  
~~other person~~ making  
the Return, . . . . .

DATED at Winthrop, on Tuech 11 1895

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion,  
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Mar. 9. (520 Pm.) 1895-  
Chas. Strong is Gent Servant  
Male  
Married  
White  
73 Years, 2 Months, 8 Days.  
Piscataway  
Ten days  
Marshall St. Winthrop  
Farmer.  
Winthrop  
Deceased  
Phillip Fairbury  
Nancy Turner  
Winthrop  
Boston  
Winthrop.  
Summer Floyd

[Public Statutes, Chapter 32 as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\* *Thomas S. Tewksbury* Age, *73yr - 2mos 8ds*  
Date and Place of Death,† - died at *Wintthrop (Marshall St) Mch 9<sup>th</sup> 1895.*  
Disease or Cause of Death, - of *Broncho Pneumonia*  
(Primary and Secondary.)‡  
Duration of Sickness, - *12 Days*

*I certify that the above is true, to the best of my knowledge and belief.*

Signature and Residence of Certifying Physician, *J. E. Johnson, M.D.*

Date of Certificate, *Mar - 11 1895.*

\* Or Sex of Infant (not named). If stillborn so state. † If child died immediately after birth so state. ‡ If a soldier or sailor who served in the War of the Rebellion.  
Plate. Ed. May, 1893. — 5,000.



[*Public Statutes, Chapter 32. as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physieian who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physieian neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physieian shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physieian refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physieian, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physieian, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physieian; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\*

Lucelia M. Campbell

Age, 38 yrs 5 mos 18 ds

Date and Place of Death,† -

died at Winthrop (Herman Street) Me. 14<sup>th</sup> 1895.

Disease or Cause of Death, -  
(Primary and Secondary.)‡

of Pulmonary Tuberculosis.

Duration of Sickness, - -

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician,

J. E. Johnson M.D.

Date of Certificate,

Mar 16 1895.

\* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.  
Plate. Ed. May, 1893. — 5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Name and age of deceased: Abuzzo B. Fisk <sup>Roseton</sup>, Winthrop Mar 24 189<sup>5</sup><sub>4</sub>  
Age 57 yrs. .... mos. .... dys.  
Date and place of death: Winthrop, Mass. March 24 1895 Read St.

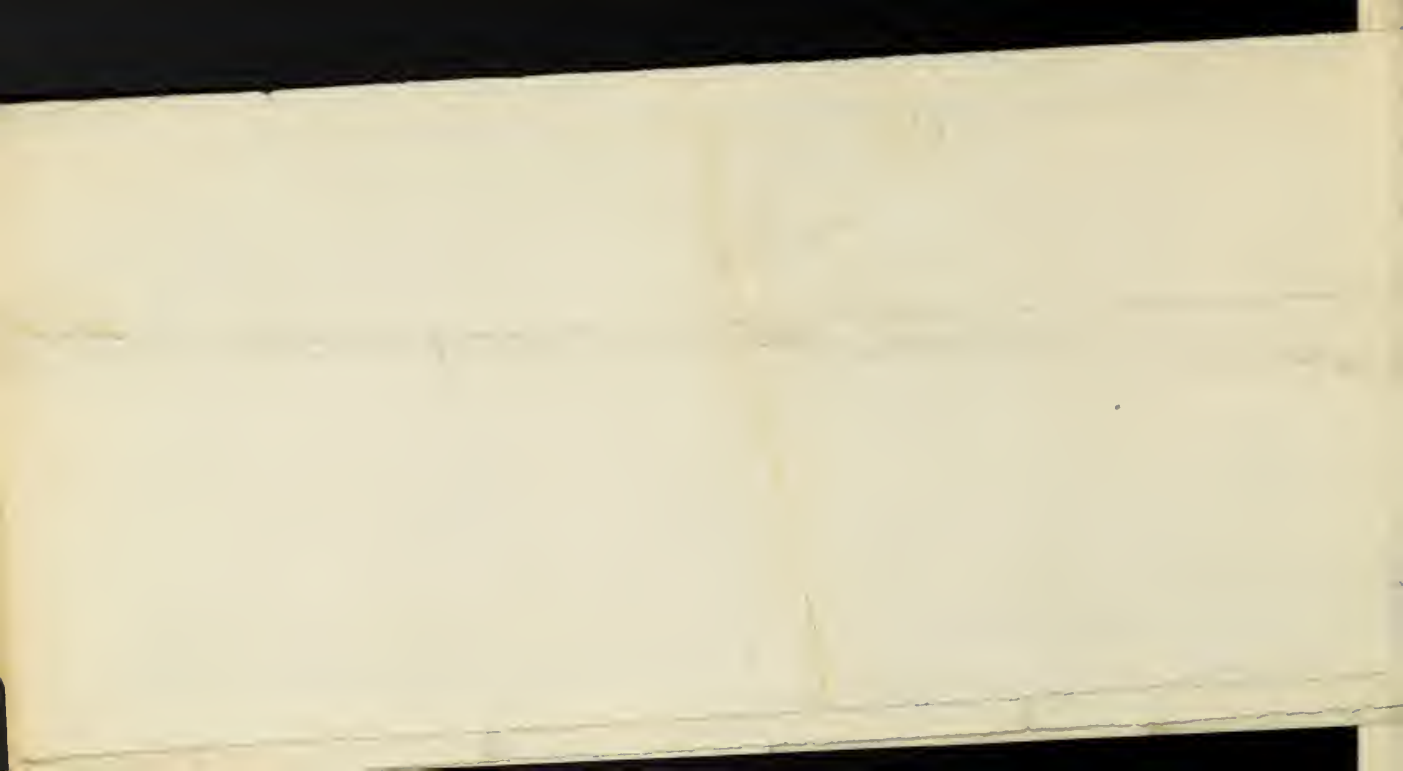
Disease or cause of death: .....  
.....  
.....  
Duration of disease: \* Heart Disease (Aortic & Mitral)  
Duration of illness, 4 mos.

I certify that the above is true, to the best of my knowledge and belief.

Name and residence }  
of physician. }

J. E. Johnson M. D.  
Winthrop, Mass

\* It is very desirable to be informed of the duration of the disease.



# UNDERTAKER'S RETURN.—Boston.

Date of death, *Nov. 24* 189*5*. Name, *Alonzo B. Fisk*  
Maiden name, \* Sex, *M.*  
Married, single, or ~~widow~~ of ~~wife of~~  
Color, *W.* Age, *57* years, mos., days. Residence, *Winthrop*  
Place of death (street and number), *Read St. cor. Gerald* ward  
Place of birth, *East Boston* Occupation, *Stair Builder*  
Name of father, *Wm. L.* Maiden name of mother, *Sarah F. Merrill*  
Birthplace of father, *Waltham Mass.* Birthplace of mother, *Danvers Me.*  
Place of interment, † *Woodlawn Cemetery.*

\* If a married woman or a widow.

† Give the name of the burial ground.

Signature of Undertaker :

*A. G. Brown.*





## RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	April 6, 1893
2. Name, . . . . .	Richard Chubbford
(Maiden Name), *	—
(Name of Husband), *	—
3. Sex, and whether single, Married, or Widowed,	Male
4. Color, † . . . . .	White
5. Age, . . . . .	82 Years, 6 Months, 3 Days.
Disease or Cause of Death, (Primary and Secondary), †	Heart and Lungs
6. Duration of Sickness, .	Eight Weeks
(By whom certified, .	Dr. J. M. H.
7. Residence, . . . . .	Sumner
8. Occupation, . . . . .	General Carrier
9. Place of Death, . . .	Cheshire, N. H.
10. Place of Birth, . . .	—
11. Name of Father, . . .	—
12. Name of Mother, . . .	—
(Maiden Name), . . .	—
13. Birthplace of Father, .	—
14. Birthplace of Mother, .	—
15. Place of Interment, .	—
Signature of Undertaker <del>or other person</del> making the Return, . . . . .	Sumner Floyd

DATED at Northford, on April 7, 1893

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 26*

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned for record, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in the absence thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or the physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\* *Richard Shackford* Age *(82-6-3)*  
 Date and Place of Death,† - died at *Winthrop Maine 6"* 189*5*.  
 Disease or Cause of Death, - of *Pneumonia + Nephritis*  
 (Primary and Secondary.)‡  
 Duration of Sickness, - - *nine days*

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician, *J. E. Johnson M.D.*

Date of Certificate, *April 9* 189*5*.

\* Or Sex of Infant (not named). If stillborn so state. † If child died immediately after birth so state. ‡ If a soldier or sailor who served in the War of the Rebellion.  
 Plate. Ed. May, 1893. — 5,000.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, April 6 1895  
Name and age of deceased: Elizabeth Lockwood Age 60 yrs. 11 mos. 15 dys.  
Date and place of death: April 6, 1895. Beal St. Winthrop.  
Disease or cause of death: Pneumonia

Duration of disease: \* 12 days

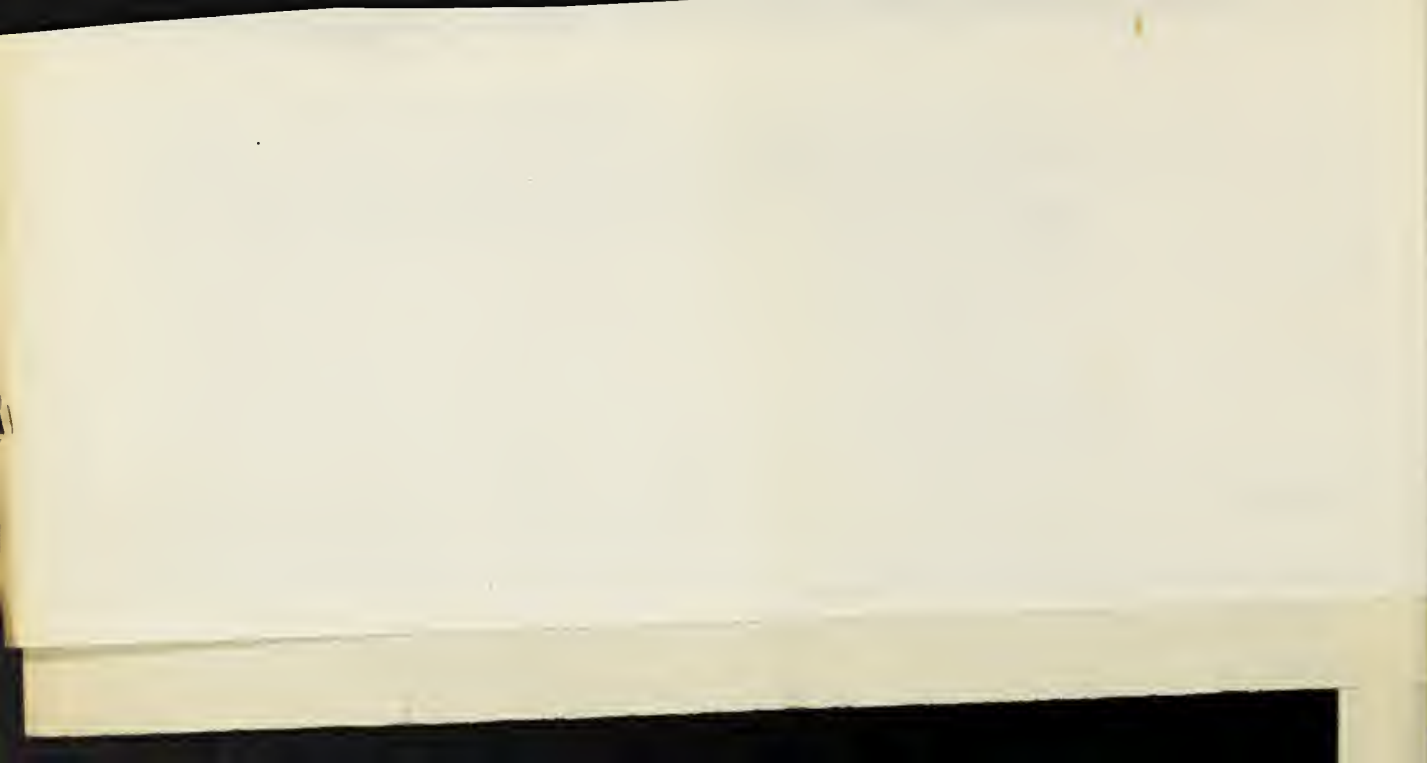
I certify that the above is true, to the best of my knowledge and belief.

Name and residence  
of physician. }

Henry L. Thumme M. D.  
28 Saratoga St.

\* It is very desirable to be informed of the duration of the disease.





# UNDERTAKER'S RETURN.—Boston.

Date of death, *April 6* 189*5* Name, *Elizabeth Lockwood*  
 Maiden name,\* *Elizabeth Boylan* Sex, *Female*  
~~Married, single, or~~ widow of *James Lockwood* wife of \_\_\_\_\_  
 Color, *W* Age, *60* years, *1* mos., *15* days. Residence, *Beal St Winthrop*  
 Place of death (street and number), *Beal St* ward \_\_\_\_\_  
 Place of birth, *Charlestown P. C. I.* Occupation, *Housework*  
 Name of father, *Edward* Maiden name of mother, *Catherine Murphy*  
 Birthplace of father, *Ireland* Birthplace of mother, *Ireland*  
 Place of interment,† *Holy Cross Malden*.

\* If a married woman or a widow.

† Give the name of the burial ground.

Signature of Undertaker:

*M. J. Kelly*



## RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	April 13 <sup>th</sup> 1895
2. Name, . . . . .	Charlie Buchanan
(Maiden Name), . .	—
(Name of Husband), *	—
3. Sex, and whether single, Married, or Widowed,	Male
4. Color, † . . . . .	White
5. Age, . . . . .	69 Years, 9 Months, 23 Days.
(Disease or Cause of Death, (Primary and Secondary), ‡	Dr. Johnson
6. Duration of Sickness, .	Four Weeks
(By whom certified, . .	R. R. Magner
7. Residence, . . . . .	General Smith
8. Occupation, . . . . .	Teacher
9. Place of Death, . . . .	Leeds Mo.
10. Place of Birth, . . . .	Druid Mo.
11. Name of Father, . . . .	Andrew King
12. Name of Mother, . . . .	Leeds Mo.
(Maiden Name), . . . .	Druid Mo.
13. Birthplace of Father, .	Marion Mo.
14. Birthplace of Mother, .	Marion Mo.
15. Place of Interment, . .	Summer Floyd
Signature of Undertaker <del>or other person</del> making the Return, . . . . .	Summer Floyd

DATED at Leeds Mo., on April 14<sup>th</sup> 1895

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
 ‡ If other than White. (M.) Munkato. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

*[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]*

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\* Charles Cushman Age, 69-9-23  
Date and Place of Death,† - died at Winthrop April 13<sup>th</sup> 1895.  
Disease or Cause of Death, - of Pulmonary Tuberculosis.  
(Primary and Secondary.)‡  
Duration of Sickness, - -

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician, J. Johnson M.D.

Date of Certificate, April 15 1895.

Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.



[*Public Statutes, Chapter 32 as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

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# PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Name and age of deceased: *Sarah Dooling* Age *58* yrs. *—* mos. *—* dys  
 Date and place of death: *Waltham, April 20 1895*  
 Disease or cause of death: *Chronic Bronchitis Disease*  
*& Cerebral Haemorrhage*  
 Duration of disease: *one week*

I certify that the above is true, to the best of my knowledge and belief.

Name and residence } *Franklin W. Quinby* M. D.  
 of physician. } *33 West 12th Street Boston*

\* It is very desirable to be informed of the duration of the disease.



# UNDERTAKER'S RETURN. — Boston.

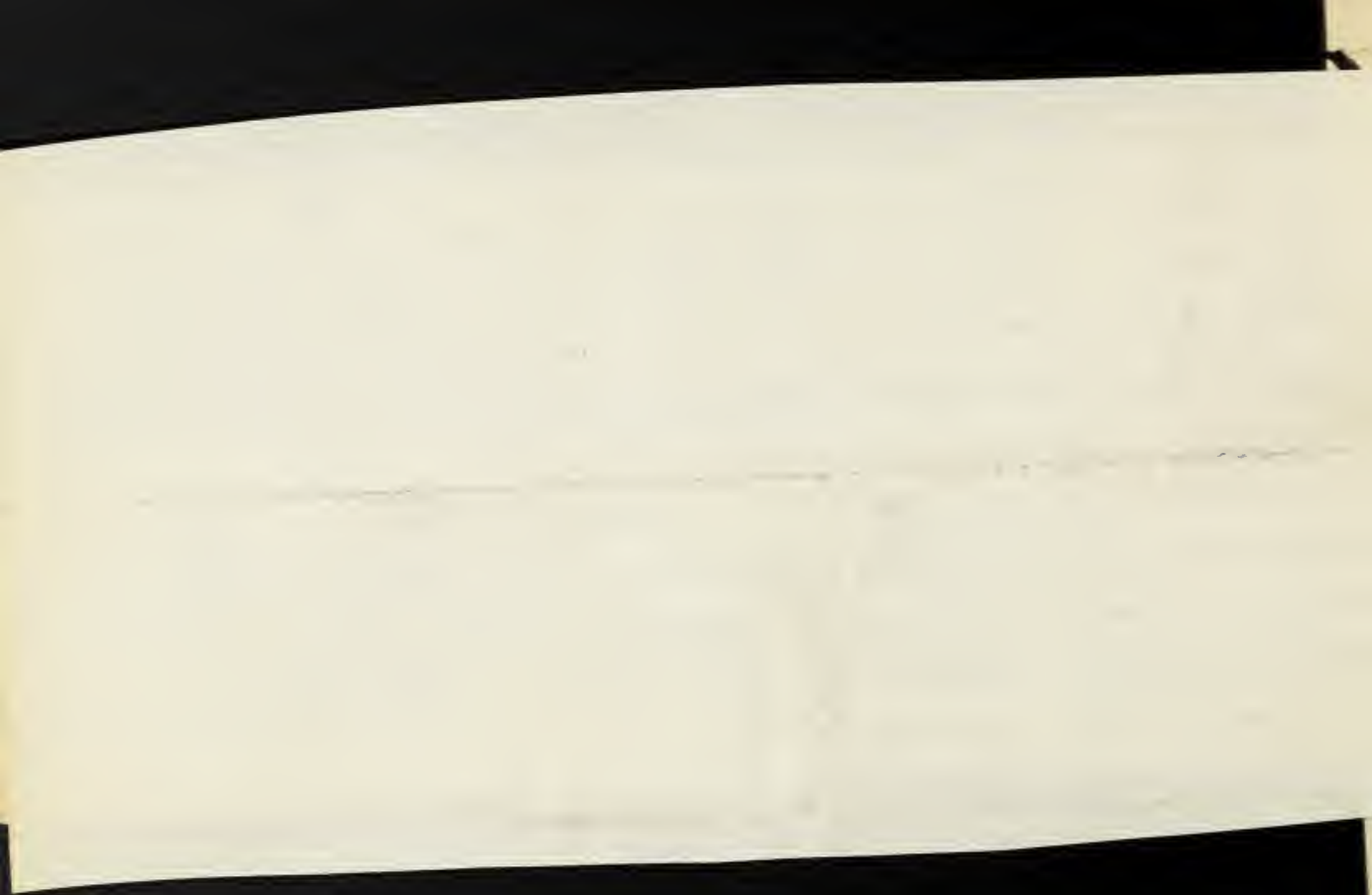
Winthrop

Date of death, Apr 20 1895 Name, Sarah Dowling  
 Maiden name, Sarah McKean Sex, Female  
 Married, single, or widow of wife of Mark Dowling  
 Color, W Age, 58 years, — mos., — days. Residence, Locust St Winthrop  
 Place of death (street and number), Locust St Winthrop ward  
 Place of birth, Ireland Occupation, Housewife  
 Name of father, John McKean Maiden name of mother, Sarah Taylor  
 Birthplace of father, Ireland Birthplace of mother, Ireland  
 Place of interment, † Calvary Cemetery Boston

\* If a married woman or a widow. † Give the name of the burial ground.

Signature of Undertaker :

John Morris



# RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	April 20 <sup>th</sup> 1895
2. Name, . . . . .	William G. White, B. 1841
(Maiden Name), *	—
(Name of Husband), *	—
3. Sex, <del>and whether single,</del>	Female
Married, or Widowed,	Widow
4. Color, † . . . . .	White
5. Age, . . . . .	Years, 1 Monthly, 26 Days.
Disease or Cause of Death, (Primary and Secondary), †	St. Roman
6. Duration of Sickness, .	—
(By whom certified, .	Sanitary Nurse
7. Residence, . . . . .	—
8. Occupation, . . . . .	Elementary Nurse
9. Place of Death, . . .	—
10. Place of Birth, . . .	Stewart, N. Y.
11. Name of Father, . . .	Amelia J. Baker (Cousin)
12. Name of Mother, . . .	—
(Maiden Name),	—
13. Birthplace of Father, .	Northampton, Mass.
14. Birthplace of Mother, .	Northampton, Mass.
15. Place of Interment, .	—
Signature of Undertaker or other person making the Return, . . . . .	—

DATED at Northampton, on April 20 1895

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
 † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.  
 [Be very particular to fill all Blanks.]  
 Plate. Ed. May, 1893. — 5,000.



[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or an physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\* *Helen Mildred Belcher* Age, *1 mo 26 ds*  
Date and Place of Death,† - *died at Winthrop (Elmwood Ave) April 20 1895.*  
Disease or Cause of Death, - *of Enteritis (Inflammation of the Bowels.)*  
(Primary and Secondary.)‡  
Duration of Sickness, - *one week*

*I certify that the above is true, to the best of my knowledge and belief.*

Signature and Residence of Certifying Physician, *Albert B. Dorman, M.D.*

Date of Certificate, *April 21<sup>st</sup>* 1895.

Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.

[ *Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.* ]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

## RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	April 26 <sup>th</sup> 1895
2. Name, . . . . .	Mary Floyd
(Maiden Name), *	Pale
(Name of Husband), *	John Floyd
3. Sex, and whether single, Married, or Widowed,	Female
4. Color, † . . . . .	Mulatto
5. Age, . . . . .	White
(Disease or Cause of Death, (Primary and Secondary), †	81 Years, 6 Months, 11 Days.
6. Duration of Sickness, . (By whom certified, .	
7. Residence, . . . . .	Spanish Mass
8. Occupation, . . . . .	Madriane
9. Place of Death, . . . . .	Lebanon
10. Place of Birth, . . . . .	Spain
11. Name of Father, . . . . .	Thomas Bullard
12. Name of Mother, . . . . . (Maiden Name),	Chick
13. Birthplace of Father, . . . . .	Thomas and Mary
14. Birthplace of Mother, . . . . .	Spanish Bay
15. Place of Interment, . . . . .	Spanish Bay
Signature of Undertaker <del>the Return</del> making the Return, . . . . .	

DATED at Spanish, on April 27 1895

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
 ‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[ *Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.* ]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.



## RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .
2. Name, . . . . .  
(Maiden Name),\* . . .  
(Name of Husband),\* . . .
3. Sex, and whether single,  
Married, or Widowed,
4. Color,† . . . . .
5. Age, . . . . .  
(Disease or Cause of Death,  
(Primary and Secondary), ‡
6. Duration of Sickmess, . . .  
(By whom certified, . . .
7. Residence, . . . . .
8. Occupation, . . . . .
9. Place of Death, . . . . .
10. Place of Birth, . . . . .
11. Name of Father, . . . . .
12. Name of Mother, . . . . .  
(Maiden Name), . . . . .
13. Birthplace of Father, . . . . .
14. Birthplace of Mother, . . . . .
15. Place of Interment, . . . . .

Signature of Undertaker  
~~the Return~~ making  
 the Return, . . . . .

DATED at

, on

1895

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
 ‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all blanks.]

Plate. Ed. May, 1893. — 5,000.

April 26<sup>th</sup> 1895

Tham Floyd

Male

John Floyd

Female

Madam

White

81

Years, 6 Months, 11 Days.

Shenandoah Mass

Madison Ave

Loburn

John

Hannah Bullington

Chillico

Somerset Mass

Sanitaph Building

Summer Place



[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physieiau who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\*

Mary Floyd

Age, 81-6-11

Date and Place of Death,† -

died at

Northrop

April 26

1895.

Disease or Cause of Death, -  
(Primary and Secondary.)‡

of

Hemiplegia (Paralysis)

Duration of Sickness, -

Since

March 28/95-

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician,

J. E. Johnson. M.D.

Date of Certificate,

Apr. 27

1895.

Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.  
Plate. Ed. May, 1893. — 5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.

[*Public Statutes, Chapter 32 as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

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No. *10*

# RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	<i>June 1895</i>
2. Name, . . . . . (Maiden Name)*, (Name of Husband),*	<i>John C. B. B. B.</i>
3. Sex, and whether single, Married, or Widowed,	<i>Male</i>
4. Color, † . . . . .	<i>White</i>
5. Age, . . . . .	<i>71</i> Years, <i>6</i> Months, <i>20</i> Days.
(Disease or Cause of Death, (Primary and Secondary), † 6. Duration of Sickness, . (By whom certified, .	<i>Heart Disease</i>
7. Residence, . . . . .	<i>Northampton</i>
8. Occupation, . . . . .	<i>Farmer</i>
9. Place of Death, . . . . .	<i>Home</i>
10. Place of Birth, . . . . .	<i>Mass.</i>
11. Name of Father, . . . . .	<i>John C. B. B.</i>
12. Name of Mother, . . . . . (Maiden Name),	<i>John C. B. B.</i>
13. Birthplace of Father, . . . . .	<i>Mass.</i>
14. Birthplace of Mother, . . . . .	<i>Mass.</i>
15. Place of Interment, . . . . .	<i>Home</i>
Signature of Undertaker or other person making the Return, . . . . .	<i>John C. B. B.</i>

DATED at *Northampton*, on *June 10* 18*95*.

\* If a Married Woman or Widow, † If a Soldier who served in the War of the Rebellion.  
† If other than White. (M.) Mladto. (I.) Indian. If of other Races, specify what.



# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\*

Charles T. Hastell

Age, 71  $\frac{1}{2}$  6 mo

Date and Place of Death,† -

died at Winthrop (Pleasant Street) May 9<sup>th</sup> 1895.

Disease or Cause of Death, -

of Heart-Disease

(Primary and Secondary.)‡

Duration of Sickness, - -

Between two and three years.

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician,

Albert B. Downey, M.D.

Date of Certificate, May 10<sup>th</sup> 1895.

Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.  
Plate. Ed. May, 1893. — 5,000.

‡ If a soldier or sailor who served in the War of the Rebellion



[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

## RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	March 11, 1891
2. Name, . . . . . (Maiden Name)*, (Name of Husband),*.	Charles T. Moody
3. Sex, and whether single, Married, or Widowed,	Male
4. Color, † . . . . .	White
5. Age, . . . . .	66 Years, — Months, — Days.
Disease or Cause of Death, (Primary and Secondary), †	Old Age
6. Duration of Sickness, . (By whom certified, .	Dr. Henry Mason
7. Residence, . . . . .	South Scituate
8. Occupation, . . . . .	Farmer
9. Place of Death, . . .	South Scituate
10. Place of Birth, . . .	South Scituate
11. Name of Father, . . .	John T. Moody
12. Name of Mother, . . . (Maiden Name),	Elizabeth Moody
13. Birthplace of Father, .	South Scituate
14. Birthplace of Mother, .	South Scituate
15. Place of Interment, .	South Scituate
Signature of Undertaker or other person making the Return, . . . . .	John T. Moody

DATED at South Scituate, on May 11, 1891.

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

*[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 26]*

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or an physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\*

Charles T. Woody Age, 66 yrs

Date and Place of Death,† -

died at Wintthrop (Dearborn) May 11<sup>th</sup> 1895.

Disease or Cause of Death, -  
(Primary and Secondary.)‡

of .. Cancer of Liver  
about 2 months

Duration of Sickness, - -

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician,...

J. E. Johnson M.D.

Date of Certificate,

May 13 1895.

\* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.



## RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	May 13 <sup>th</sup> 1895
2. Name, . . . . . (Maiden Name) *, . . . (Name of Husband) *, . . .	David Floyd
3. Sex, and whether single, Married, or Widowed,	Male
4. Color, † . . . . .	White
5. Age, . . . . .	88 Years, 4 Months, — Days.
(Disease or Cause of Death, (Primary and Secondary), †	Apoplexy
6. (Duration of Sickness, . . . (By whom certified, . . .	James H. Jones
7. Residence, . . . . .	Chelsoe
8. Occupation, . . . . .	Farmer
9. Place of Death, . . . . .	David
10. Place of Birth, . . . . .	David
11. Name of Father, . . . . .	Charles
12. Name of Mother, . . . . . (Maiden Name), . . . . .	Chelsoe
13. Birthplace of Father, . . . . .	Virginia
14. Birthplace of Mother, . . . . .	Virginia
15. Place of Internment, . . . . .	James H. Jones
Signature of Undertaker or other person making the Return, . . . . .	James H. Jones

Dated at Andover, on May 14 1895

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]



[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

7-16-16  
16-16-16

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\* *David Floyd* Age, *88 yrs*  
 Date and Place of Death,† - died at *Winthrop (Locust St.) May 13<sup>th</sup> 1895.*  
 Disease or Cause of Death, - of *Arterio-sclerosis - Senility -*  
 (Primary and Secondary.)‡  
 Duration of Sickness, - *Senility*

*I certify that the above is true, to the best of my knowledge and belief.*

Signature and Residence of Certifying Physician,...

*E. Johnson M.D.*

Date of Certificate,...

*May 13 1895.*

Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

## RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	May 24 "1893
2. Name, . . . . . (Maiden Name)*, (Name of Husband),*	Robert James Parker
3. Sex, and whether single, Married, or Widowed,	Single
4. Color, † . . . . .	White
5. Age, . . . . .	25
(Disease or Cause of Death, (Primary and Secondary), †)	25
6. Duration of Sickness, (By whom certified, . . . . .)	25
7. Residence, . . . . .	Madison
8. Occupation, . . . . .	Teacher
9. Place of Death, . . . . .	Madison
10. Place of Birth, . . . . .	Madison
11. Name of Father, . . . . .	Robert James Parker
12. Name of Mother, . . . . . (Maiden Name),	Elizabeth Parker
13. Birthplace of Father, . . . . .	Madison
14. Birthplace of Mother, . . . . .	Madison
15. Place of Interment, . . . . .	Madison
Signature of Undertaker or other person making the Return, . . . . .	Robert James Parker

DATED at \_\_\_\_\_, on \_\_\_\_\_ 18.

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
 † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[*Public Statutes, Chapter 32 as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\*

Sophia G. Webster

Age, 82 yrs 16 ds

Date and Place of Death,†

died at Wintthrop (Johnson Avenue) May 29 1895.

Disease or Cause of Death, -  
(Primary and Secondary.)‡

of Paralysis of the Heart. Secondary

Duration of Sickness, -

4 months

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician,

J. E. Johnson M.D.

Date of Certificate

May 30 1895.

Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.



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## RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .

2. Name, . . . . .  
(Maiden Name)\* . . .

(Name of Husband),\* . .

3. Sex, and whether single,

Married, or Widowed,

4. Color, † . . . . .

5. Age, . . . . .

6. Disease or Cause of Death,  
(Primary and Secondary), † . .7. Duration of Sickness, . .  
(By whom certified, . . . . .

8. Residence, . . . . .

9. Occupation, . . . . .

10. Place of Death, . . . . .

11. Place of Birth, . . . . .

12. Name of Father, . . . . .

13. Name of Mother, . . . . .  
(Maiden Name), . . . . .

14. Birthplace of Father, . . . . .

15. Birthplace of Mother, . . . . .

16. Place of Interment, . . . . .

Signature of Undertaker  
~~other person~~ making  
the Return, . . . . .DATED at Winthrop, on June 17<sup>th</sup> 1895 -\* If a Married Woman or Widow, † If a Soldier who served in the War of the Rebellion.  
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

*For Rule + Enforcement (Penalty)*  
*Boy*

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\*

Mary M<sup>c</sup>Loarthy

Age (46 yrs 9 mos<sup>?</sup>)

Date and Place of Death,†

died at

Waltham (Fremont St) June 16<sup>th</sup> 1895.

Disease or Cause of Death, -

(Primary and Secondary.)‡

1<sup>st</sup> Valvula disease of Heart + Arterio Sclerosis  
2<sup>nd</sup> Primary = Hemorrhage probably pulmonary.

Duration of Sickness, -

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician,

J. E. Johnson, M.D. Waltham.

Date of Certificate,

June 17 1895.

\* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.

[ *Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.* ]

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## RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .
2. Name, . . . . .  
(Maiden Name), \*  
(Name of Husband), \*
3. Sex, and whether single,  
Married, or Widowed,
4. Color, † . . . . .
5. Age, . . . . .
- (Disease or Cause of Death,  
(Primary and Secondary), †  
a. Duration of Sickness, .  
(By whom certified, .  
7. Residence, . . . . .  
8. Occupation, . . . . .  
9. Place of Death, . . . . .  
10. Place of Birth, . . . . .  
11. Name of Father, . . . . .  
12. Name of Mother, . . . . .  
(Maiden Name),  
13. Birthplace of Father, . . . . .  
14. Birthplace of Mother, . . . . .  
15. Place of Interment, . . . . .

Signature of Undertaker  
~~the Return,~~ making  
 the Return, . . . . .

DATED at

Northrup

, on

July 21

1891

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
 † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what

[Be very particular to fill all Blanks.]

Plate. Ed. May, 1893. — 5,000.



*George C. Jones*

[*Public Statutes*, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]

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# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\* *Ida Twining* Age, *25 8 23*  
Date and Place of Death,† - died at... *Wintthrop Mass July 1 1895.*  
Disease or Cause of Death, - of *Extra Uterine Pregnancy*  
(Primary and Secondary.)‡  
Duration of Sickness, - - *About four weeks*

*I certify that the above is true, to the best of my knowledge and belief.*

Signature and Residence of Certifying Physician, *J. E. Johnson - MD*

Date of Certificate, *July 3 1895.*

\* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.  
Plate. Ed. May, 1893. — 5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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No.

## RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	July 1 <sup>st</sup> 1893
2. Name, . . . . . (Maiden Name) *, . . . (Name of Husband) *, . . .	John Doyle
3. Sex, and whether single, Married, or Widowed,	Male Married
4. Color, † . . . . .	White
5. Age, . . . . .	36 Years, ( ) Months, ( ) Days.
(Disease or Cause of Death, (Primary and Secondary), ‡ § Duration of Sickmess, . . .	Med. L. F. A. Harris
(By whom certified, . . .	Waltham Mass
7. Residence, . . . . .	Laborer
8. Occupation, . . . . .	Wintthrop Marshall
9. Place of Death, . . . . .	Dreland
10. Place of Birth, . . . . .	Michael
11. Name of Father, . . . . .	Dreland
12. Name of Mother, . . . . . (Maiden Name), . . . . .	Dreland
13. Birthplace of Father, . . . . .	Dreland
14. Birthplace of Mother, . . . . .	Dreland
15. Place of Interment, . . . . .	Dreland
Signature of Undertaker <del>Other person making</del> the Return, . . . . .	Summer Floyd

DATED at Wintthrop, on July 1<sup>st</sup> 1893

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
 ‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate, Ed. May, 1893, — 5,000.

*[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]*

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

# PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Wintthrop  
Cambridge,

July 1 1895

of Deceased,\*

John Doyle

f Deceased,

aged 40 years, months, days,

and Place of Death,

died at Wintthrop July 1<sup>st</sup> 1895

se or Cause of Death

of { Internal injuries and possible suffocation  
in sewer trench

tion of Sickness,

The Duration of Sickness was

I certify that the above is true, to the best of my knowledge and belief.

and Residence of Certifying Physician,

Francis A. Harris

\*Or Sex of Infant (not named).

Attest Examr



Extract from Section 1 of Chapter 306 of the Legislative Acts of 1888.

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A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

## RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .
2. Name, . . . . .  
(Maiden Name)\*,  
(Name of Husband),\*
3. Sex, and whether single,  
Married, or Widowed,
4. Color, † . . . . .
5. Age, . . . . .  
(Disease or Cause of Death,  
(Primary and Secondary), †  
Duration of Sickness, .  
(By whom certified, .  
6. Residence, . . . . .
7. Residence, . . . . .
8. Occupation, . . . . .
9. Place of Death, . . . . .
10. Place of Birth, . . . . .
11. Name of Father, . . . . .
12. Name of Mother, . . . . .  
(Maiden Name),
13. Birthplace of Father, . . . . .
14. Birthplace of Mother, . . . . .
15. Place of Interment, . . . . .

Signature of Undertaker  
~~making~~  
 the Return, . . . . .

DATED at Winthrop, on July 13, 1895

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
 † If other than White. (M.) Mulatto. (I.) Indian. If of other races, specify what

[Be very particular to fill all Blanks.]

Plate. Ed. May, 1893. — 5,000.

July 13 "1895  
 Sally Ann Floyd  
 "Phillips Payson Floyd  
 Female  
 Married  
 White  
 78 Years, 7 Months, 5 Days.

S. Willard Cary  
 Winthrop, Me.

Atlantic Street—  
 Chelsea Mass  
 Samuel Floyd  
 Hannah Burbee  
 Chelsea Mass  
 Chelsea Mass  
 Winthrop Cemetery  
 Summer Floyd

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\*

Sally Ann Flayd

Age, 78 yrs. 7 <sup>5</sup> mo.

Date and Place of Death,†

died at Winthrop, Mass., July 13, 1895.

Disease or Cause of Death, -  
(Primary and Secondary.)‡

of Pernicious Anemia with Cirrhosis of Liver.

Duration of Sickness, -

About six months.

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician,

S. Willard Cox, East Boston, Mass.

Date of Certificate,

July 14, 1895.

Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

## RETURN OF A DEATH

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .
2. Name, . . .  
(Maiden Name),\*  
(Name of Husband),\*
3. Sex, and whether single,  
Married, or Widowed,
4. Color, † . . .
5. Age, . . .
6. Disease or Cause of Death,  
(Primary and Secondary), †  
Duration of Sickness, .  
(By whom certified, .
7. Residence, . . .
8. Occupation, . . .
9. Place of Death, . . .
10. Place of Birth, . . .
11. Name of Father, . . .
12. Name of Mother, . . .  
(Maiden Name),
13. Birthplace of Father, .
14. Birthplace of Mother, .
15. Place of Interment, .

Signature of Undertaker  
~~making~~ making  
the Return, . . .

DATED at

Winthrop, on July 16<sup>th</sup> 1895

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.



*[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter -*

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\*

Abby Austin

Age, 64 yrs 3-1

Date and Place of Death,† -

died at Wintrop (Shirley Avenue) July 15<sup>th</sup> 1895.

Disease or Cause of Death, -  
(Primary and Secondary.)‡

of Cerebral hemorrhage (apoplexy)

Duration of Sickness, - -

One week

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician,

Albert B. Dorman

Date of Certificate,

July 17<sup>th</sup>

1895.

Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.

Plate. Ed. May, 1893. — 5,000.

[*Public Statutes, Chapter 32 as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

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PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Name and age of deceased: *Boston* *July 16<sup>th</sup>* *1895*  
*Betsy Turner* Age *76* yrs. *3* mos. *16* dys.  
Date and place of death: *July 16 - 95* *Winthrop Mass.*  
Disease or cause of death: *Senile degeneration of Brain and Heart*

Duration of disease:\*

I certify that the above is true, to the best of my knowledge and belief.

Name and residence }  
of physician }

*Charles D. Savin* M. D.  
*349 Main St., Chen*

\* It is very desirable to be informed of the duration of the disease.



# UNDERTAKER'S RETURN.—Boston.

Date of death, July 16 1895 Name, Petsy Turner  
Maiden name, \* Turner Sex, Female  
Married, ~~single~~, or widow of \_\_\_\_\_ wife of John  
Color, W Age 76 years, 3 mos., 16 days. Residence, Charlestown  
Place of death (street and number), Winthrop Mass Creek Avenue Ward  
Place of birth, Paris Maine Occupation, at Home  
Name of father, Joseph M. Aliste Maiden name of mother, Sally  
Birthplace of father, \_\_\_\_\_ Birthplace of mother, \_\_\_\_\_  
Place of interment, † Cambridge Mass.

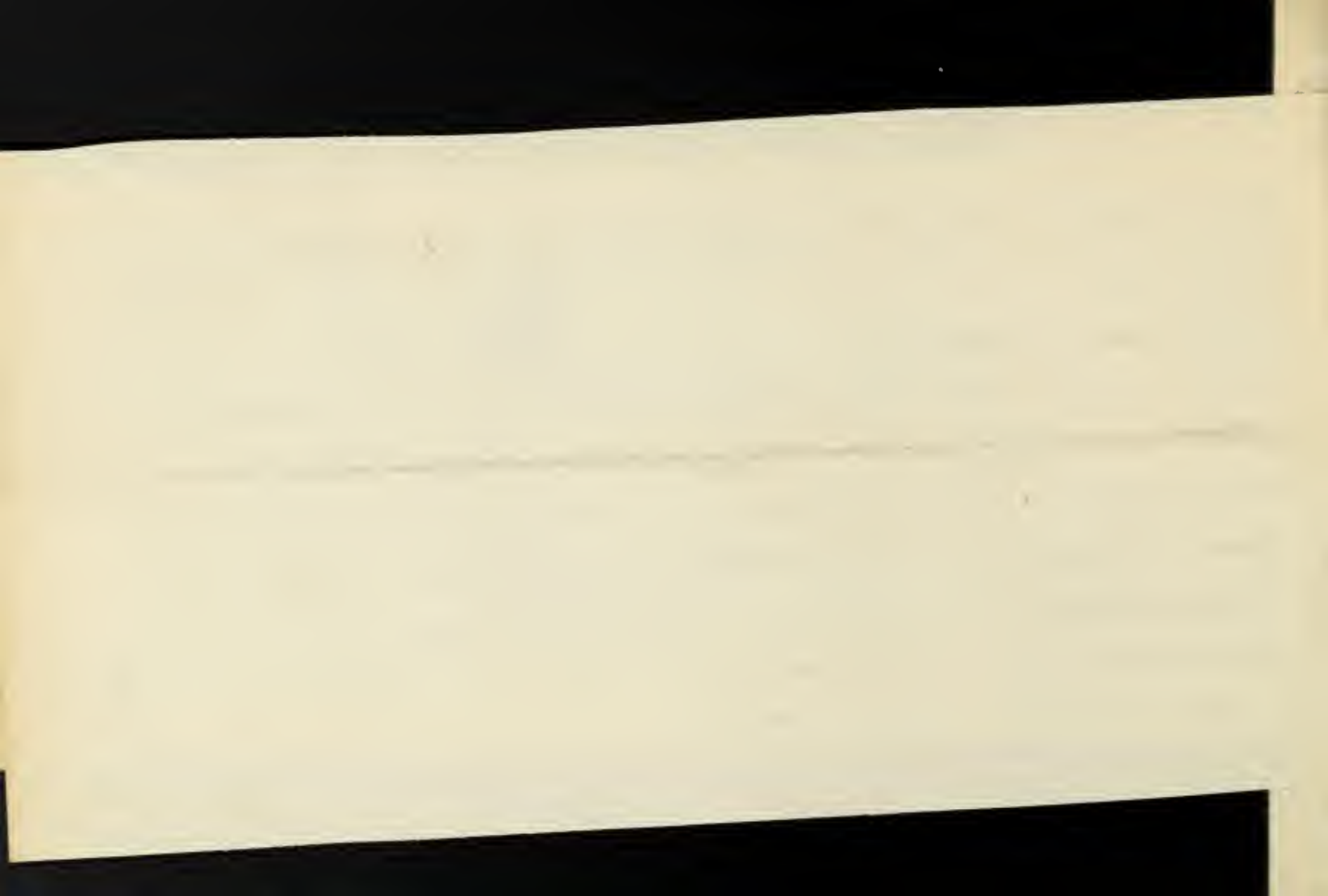
\* If a married woman or a widow.

† Give the name of the burial ground.

Signature of Undertaker:

John E. Bryant.





No.

## RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .

2. Name, . . . . .

(Maiden Name), \*

(Name of Husband), \*

3. Sex, and whether single,

Married, or Widowed,

4. Color, † . . . . .

5. Age, . . . . .

Disease or Cause of Death,  
(Primary and Secondary), †

6. Duration of Sickness, .

(By whom certified, .

7. Residence, . . . . .

8. Occupation, . . . . .

9. Place of Death, . . .

10. Place of Birth, . . .

11. Name of Father, . . .

12. Name of Mother, . . .

(Maiden Name),

13. Birthplace of Father, .

14. Birthplace of Mother, .

15. Place of Internment, .

Signature of Undertaker  
~~with name~~ making  
the Return, . . . . .

DATED at

Winthrop, on

July 18<sup>th</sup> 1895\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion  
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\*

Gertude W. Rempton Age, 14-25

Date and Place of Death,†

died at Winthrop (Warehale St.) July 17, 1895.

Disease or Cause of Death, -  
(Primary and Secondary.)‡

of Convulsions - Accidental vegetable

Duration of Sickness, -

poisoning - about one hour -

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician,

J. E. Johnson M.D.

Date of Certificate,

July 19 1895.

\* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

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## RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	July 17 <sup>th</sup> , 1893
2. Name, . . . . . (Maiden Name),* . . . (Name of Husband),† . . .	Melvin Allen Fuller Pastor Edwin Fuller Female Married White
3. Sex, and whether single, Married, or Widowed,	
4. Color,† . . . . .	
5. Age, . . . . .	51 Years, 1 Month, 19 Days.
Disease or Cause of Death, (Primary and Secondary),†	D. A. 10 Diphtheria
6. Duration of Sickness, . . . (By whom certified, . . .)	
7. Residence, . . . . .	Wellesley Mass
8. Occupation, . . . . .	— C. Spray
9. Place of Death, . . . . .	Mead's Cottage (Ocean Ave)
10. Place of Birth, . . . . .	Wellesley Mass
11. Name of Father, . . . . .	Richard
12. Name of Mother, . . . . . (Maiden Name), . . . . .	Almira
13. Birthplace of Father, . . . . .	Boston Mass
14. Birthplace of Mother, . . . . .	Wellesley Mass
15. Place of Interment, . . . . .	Wellesley Mass
Signature of Undertaker <del>or other person</del> making the Return, . . . . .	Summer Floyd
DATED at . . . . .	Winthrop, on July 18 <sup>th</sup> , 1893

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
 † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

(Be very particular to fill all Blanks.)

Plate. Ed. May, 1893. — 5,000.



[*Public Statutes, Chapter 32 as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

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# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\* *Melvin A. Fuller* Age, *5* *Yrs* *1 mo.* *19* *ds.*  
Date and Place of Death,† - died at *Wintrop* *July 17* *1895*  
Disease or Cause of Death, - of *Malignant Disease of Stomach.*  
(Primary and Secondary.)‡  
Duration of Sickness, - *8 months.*

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician, *A. W. Snigbury M.D.*

Date of Certificate, *July 18th* *1895.*

\* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.  
Plate. Ed. May, 1893. — 5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.

[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

*Permit*  
*20 m. note*  
*14000*  
*6-0*

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\* *Charles S. Tewksbury* Age, *71*—

Date and Place of Death,† - died at *Winthrop (Shirley Street) July 29 1895.*

Disease or Cause of Death, - of *Chronic Interstitial Nephritis*  
(Primary and Secondary).‡

Duration of Sickness, - - *Primary = Uræmic Coma 12 hours*

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician, *W. E. Johnson, M.D.*

Date of Certificate, *Aug 1 1895.*

Or Sex of Infant (not named). If stillborn so state.

‡ If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.

Plate. Ed. May, 1893. — 5,000.

[Public Statutes, Chapter 32. as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.



## RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	August 7 <sup>th</sup> 1895		
2. Name, . . . . .	William S. Wells		
(Maiden Name)* . . .	—		
(Name of Husband)* . .	—		
3. Sex, and whether single, Married, or Widowed,	Male		
4. Color, † . . . . .	Married		
5. Age, . . . . .	White	9	Months, 9 Days.
(Disease or Cause of Death, (Primary and Secondary), †	—		
6. Duration of Sickness, . .	—		
(By whom certified, . . .	—		
7. Residence, . . . . .	Ventnor Street		
8. Occupation, . . . . .	Teacher		
9. Place of Death, . . . .	Boardman Street		
10. Place of Birth, . . . .	Madison N.H.		
11. Name of Father, . . . .	William		
12. Name of Mother, . . . .	Emily Ann Pickering		
(Maiden Name), . . . .	Unknown		
13. Birthplace of Father, . .	Unknown		
14. Birthplace of Mother, . .	Unknown		
15. Place of Internment, . .	Winthrop Cemetery		
Signature of Undertaker <del>or other person making</del> the Return, . . . . .	} Winthrop, on Aug 8 <sup>th</sup> 1895		

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
 † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. September, 1892. — 5,000.



*[Public Statutes, Chapter 32, as amended by Acts of 1838, Chapter 305; Acts of 1839, Chapter 224.]*

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\* *William F. Willis (B.)* Age, *57 yrs*  
Date and Place of Death,† - died at *Wintthrop (Bowdoin St) Aug 7* 189*5*.  
Disease or Cause of Death, - of *Peritonitis*  
(Primary and Secondary.)‡  
Duration of Sickness, - -

*I certify that the above is true, to the best of my knowledge and belief.*

Signature and Residence of Certifying Physician, *Horace J. Soule M.D.*

Date of Certificate, *Aug 9th* 189*5*.

\* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.  
Plate. Ed. May, 1893. — 5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

No.

## RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .
2. Name, . . . . .  
(Maiden Name)\*, . . .  
(Name of Husband),\* . . .
3. Sex, and whether single,  
Married, or Widowed,
4. Color, † . . . . .
5. Age, . . . . .
- (Disease or Cause of Death,  
(Primary and Secondary), † . . . . .
6. Duration of Sickness, . . .  
(By whom certified, . . . . .
7. Residence, . . . . .
8. Occupation, . . . . .
9. Place of Death, . . . . .
10. Place of Birth, . . . . .
11. Name of Father, . . . . .
12. Name of Mother, . . . . .  
(Maiden Name), . . . . .
13. Birthplace of Father, . . . . .
14. Birthplace of Mother, . . . . .
15. Place of Internment, . . . . .

Signature of Undertaker  
or other person making  
the Return, . . . . .

DATED at

, on

1895-

1895-

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
 † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. September, 1892.—5,000.

*[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 305; Acts of 1889, Chapter 224.]*

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\*

Charlotte M. Smith.

Age, 61-10

Date and Place of Death,†

died at Kintropo (Sargent St.) Aug. 7<sup>th</sup> 1895.

Disease or Cause of Death, -  
(Primary and Secondary.)‡

of Cancer of Breast

Duration of Sickness, - -

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician,

J. E. Johnson, M.D.

Date of Certificate,

Aug 7 1895.

\* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.  
Plate. Ed. May, 1893. — 5,000.

‡ If a soldier or sailor who served in the War of the Rebellion



[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

*Dr. Dorman*  
*in charge*  
*Dr. Jefferson St.*  
Boston, *August 8<sup>th</sup>* 189*5*

Name and age of deceased: *Hannah M. Hennessy* Age *86* yrs. .... mos. .... dys

Date and place of death: *Guest Ave. Winthrop, Mass.*

Disease or cause of death: *Disease of the heart, liver and kidneys*

Duration of disease: \* *Four years*

I certify that the above is true, to the best of my knowledge and belief.

Name and residence }  
of physician. } *Albert B. Dorman* M. D.  
*Winthrop Centre, Mass.*

\* It is very desirable to be informed of the duration of the disease.



# UNDERTAKER'S RETURN.—Boston.

Date of death,

Aug 8, 1891

Name,

Hannah M. Hennessy

Maiden name,\*

Garibaldi

Sex,

F

Married, single, or widow of

wife of

William S.

Color,

W

Age

36

years,

mos.,

days.

Residence,

13 Carlisle St. Roxbury

Place of death (street and number)

Crest Ave

Winthrop

ward

Place of birth,

Philadelphia, Pa.

Occupation,

Lucinda Seaver

Name of father,

Pietro

Maiden name of mother,

Porter

Birthplace of father,

Italy

Birthplace of mother,

Porter

Place of interment,†

St. Benedict

\* If a married woman or a widow.

† Give the name of the burial ground.

Signature of Undertaker:

L. P. Colby



# PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, Aug 9 1895.

Name and age of deceased: Henry Rand Hooper Age        yrs. 14 mos.        dys.

Date and place of death: Aug 9 Winthrop Mass

Disease or cause of death: (Tubercular) Meningitis

with painful dentition

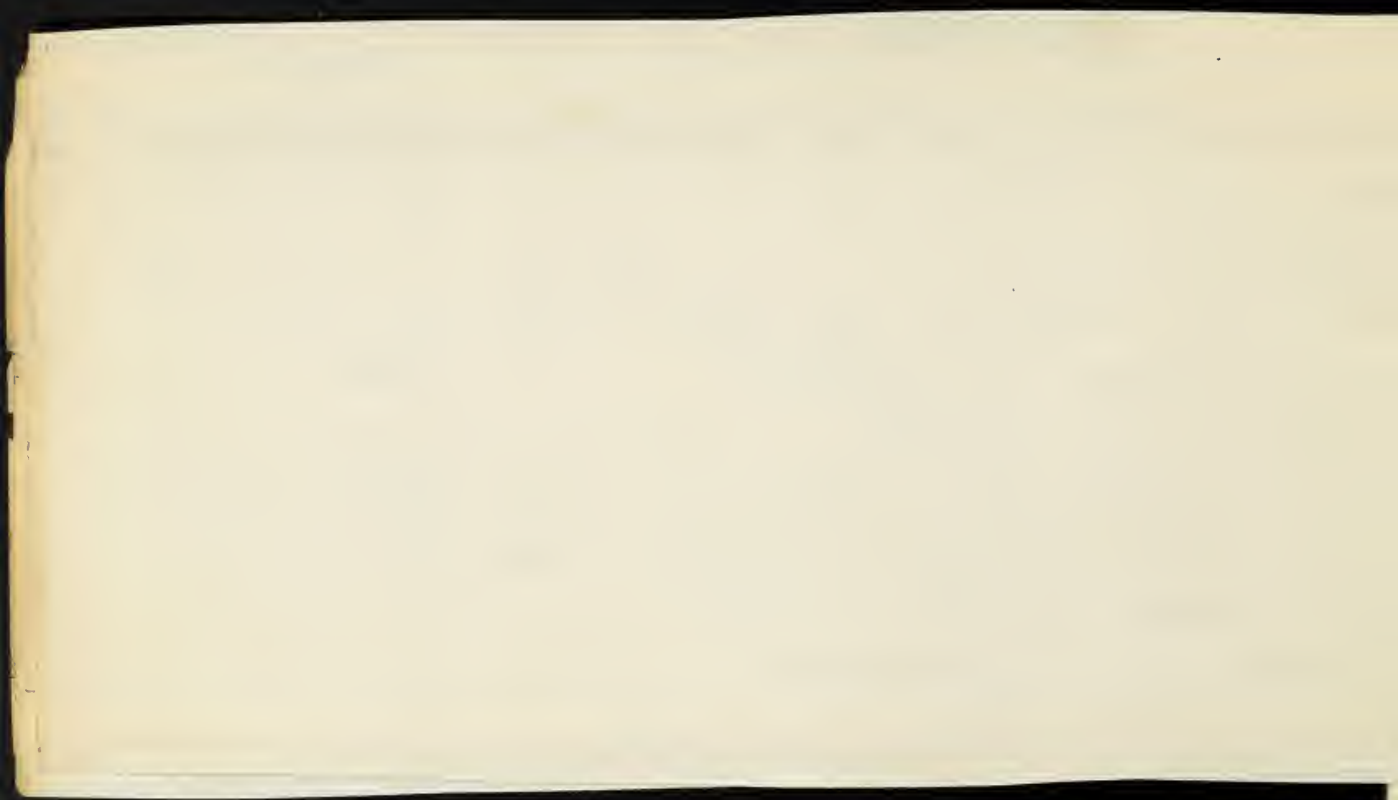
Duration of disease: \* Twenty-one days

I certify that the above is true, to the best of my knowledge and belief.

Name and residence } Edward F. Gage M. D.  
of physician. } Corner Crest Ave and Stungis St Winthrop

\* It is very desirable to be informed of the duration of the disease.





# RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	August 17 <sup>th</sup> 1893 -
2. Name, . . . . . (Maiden Name)*, (Name of Husband),*	Margaret B. Harris
3. Sex, and whether single, Married, or Widowed,	Female
4. Color, † . . . . .	White
5. Age, . . . . . (Disease or Cause of Death, (Primary and Secondary), †	28 Years, 8 Months, 22 Days.
6. Duration of Sickness, . (By whom certified, .	Dr. E. H. Hage
7. Residence, . . . . .	Northampton Mass
8. Occupation, . . . . .	Wife of H. H. Hage
9. Place of Death, . . . . .	Northampton Mass
10. Place of Birth, . . . . .	Northampton Mass
11. Name of Father, . . . . .	William H. Harris
12. Name of Mother, . . . . . (Maiden Name),	Elizabeth Harris
13. Birthplace of Father, .	Northampton
14. Birthplace of Mother, .	Northampton
15. Place of Interment, .	Northampton
Signature of Undertaker or other person making the Return, . . . . .	
E. H. Hage	
DATED at	Northampton, on
	August 18 1893

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
† If other than White. (M.) Mulatto. (I.) Indian. If of other races, specify what.

[Be very particular to fill all Blanks.]

## AN ACT

## RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

*Be it enacted, etc., as follows:*

SECTION 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows:— *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows:— *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [Approved May 4, 1888.]

# PHYSICIAN'S CERTIFICATE.

Name and Age, of Deceased,\* *Marshall B. Davis* Age, *8 Mos 22 ds*  
Date and Place of Death,† - died at *Winthrop (Winthrop St)* *Aug 17 1895.*  
Disease or Cause of Death, - of *Cholera Infantum*  
(Primary and Secondary.)‡  
Duration of Sickness, - - *Three weeks.*

*I certify that the above is true, to the best of my knowledge and belief.*

Signature and Residence of Certifying Physician, *E. H. Gage M.D. West Abbe Co. Sturgis St*

Date of Certificate, *Aug 18* 1895.

\* Or Sex of Infant (not named). If stillborn so state. † If child died immediately after birth so state. ‡ If a soldier or sailor who served in the War of the Rebellion.  
Plate. Ed. May, 1893. — 5,000.

[*Public Statutes, Chapter 32 as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

# RETURN OF DEATH TO THE CITY REGISTRAR.

Tom Clark

Winthrop Mass

Date of Death,

Sept 3rd

1893

Name,

Harriet A. Smith

Color, W.

Age,

57

Years,

1

Months,

6

Days,

Place of Death )  
Street and No. )

Winthrop Mass. WARD

Residence,

Central Falls R. I. Sex, F.

Single,

Married

Occupation,

Wife of

Birthplace,

Charlestown

Widow of

Name of Father,

Joseph A. Smith

Maiden Name of Mother,

Harriet Bryant

Birthplace of Father,

Salem Mass.

Birthplace of Mother,

Salem Mass

Cause of

Primary,

Duration,

Death, )  
Secondary,

Duration,

In. Scale

Place of Interment,

Woodlawn, Everett

Date of Interment or Removal,

Sept 3rd 1893

Undertaker or Informant,

Charles F. Bryant.





# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\* *Harriet Augusta Smith* Age, *51-1-6*  
Date and Place of Death,† - died at *Coral Gables, Winthrop Sep 3<sup>rd</sup> 1895.*  
Disease or Cause of Death, - of *Mitral Insufficiency (Heart Disease)*  
(Primary and Secondary.)‡  
Duration of Sickness, - - *Four weeks*

*I certify that the above is true, to the best of my knowledge and belief.*

Signature and Residence of Certifying Physician, *Horace J. Gould M.D.*  
Date of Certificate, *Sept 3<sup>rd</sup> 1895.*

\* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.

[ *Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.* ]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

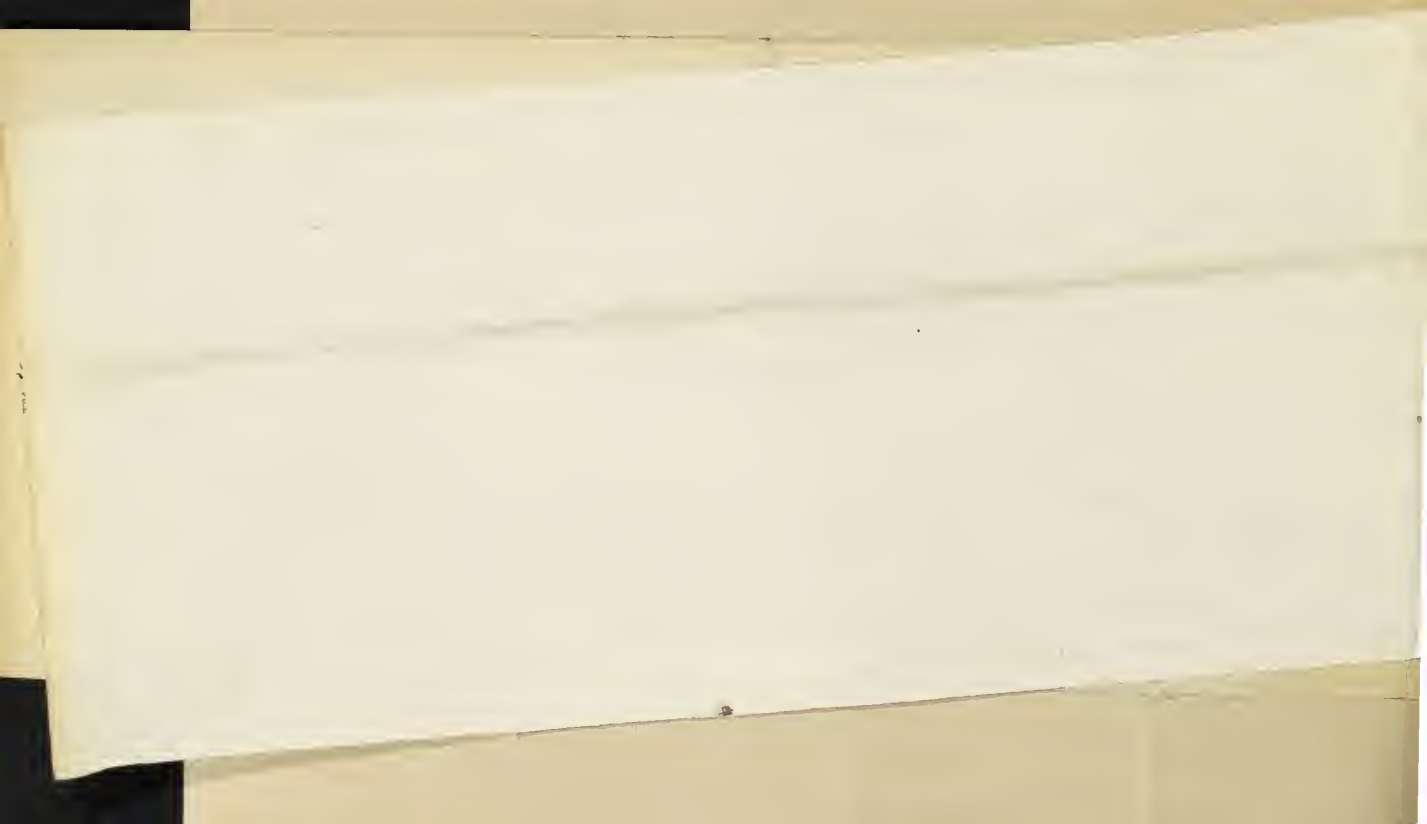
Boston, Sept 4<sup>th</sup> 1895  
Name and age of deceased: John S. Melvin Age 1 yrs. 2 mos. 25 days.  
Date and place of death: Sept 4<sup>th</sup> 1895 - Almont & Ocean Spray  
Disease or cause of death: Acute meningitis

Duration of disease: \* 10 days

I certify that the above is true, to the best of my knowledge and belief.

Name and residence }  
of physician. } E. F. Cummings M. D.  
68 Winthrop Av Beachmont

\* It is very desirable to be informed of the duration of the disease.



# UNDERTAKER'S RETURN.—Boston.

Date of death, Sept. 4<sup>th</sup> 1895 Name, John S. Melon  
 Maiden name, \* — Sex, male  
 Married, single, or widow of — wife of —  
 Color, white Age, 1 years, 2 mos., 25 days. Residence, Almont St. Ocean Spray  
 Place of death (street and number), ~~Same~~ Winthrop ward —  
 Place of birth, Boston Occupation, —  
 Name of father, Frank E. — Maiden name of mother, Helen Campbell  
 Birthplace of father, Nahant Mass Birthplace of mother, St John N.B.  
 Place of interment, † Nahant Mass

\* If a married woman or a widow.

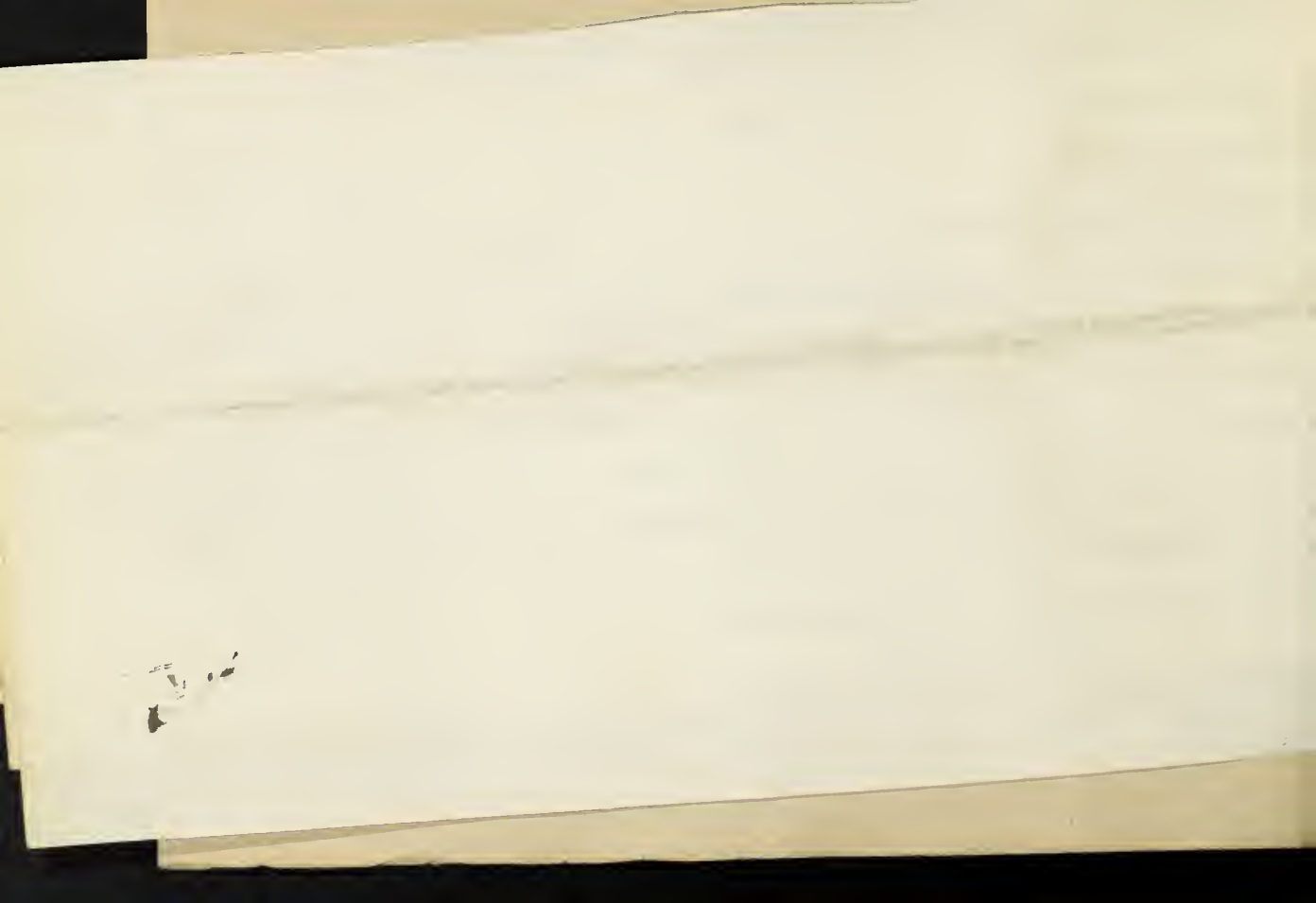
† Give the name of the burial ground.

Signature of Undertaker :

JONES & SONS  
 UNDERTAKERS,  
 106 ST. BOSTON

Henry Jones Jr





## RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . . *September 12<sup>th</sup> 1895*  
 2. Name, . . . *William Sanford*

(Maiden Name),\* . . .  
 (Name of Husband),\* . . .

3. Sex, and whether single,

Married, or Widowed,

4. Color,† . . .

5. Age, . . .

Years, Months, Days,

6. Disease or Cause of Death,  
(Primary and Secondary),†

Duration of Sickness, .

(By whom certified, .

7. Residence, . . .

8. Occupation, . . .

9. Place of Death, . . .

10. Place of Birth, . . .

11. Name of Father, . . .

12. Name of Mother, . . .  
(Maiden Name),

13. Birthplace of Father, .

14. Birthplace of Mother, .

15. Place of Interment, .

Signature of Undertaker  
~~the Return,~~ making

DATED at

*Winthrop*, on *Sept 12<sup>th</sup>* 1895-

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
 † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. September, 1892.—5,000.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

*Wm. H. Smith*

No.

Commonwealth of Massachusetts.

## RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	September 13 <sup>th</sup> 1895		
2. Name, . . . . .	William Sanford		
(Maiden Name),* . .			
(Name of Husband),* .			
3. Sex, and whether single, Married, or Widowed.	Female		
4. Color,† . . . . .	White		
5. Age, . . . . .	Years,	Months,	Days.
	Da A B Roman		
Disease or Cause of Death, (Primary and Secondary),‡	Winthrop		
6. Duration of Sicknes, .	Cottage Osce		
(By whom certified, . .	Winthrop (Cottage Osce).		
7. Residence, . . . . .	Oliver C Dawson		
8. Occupation, . . . . .	Jessie M Coburn		
9. Place of Death, . . .	Longmonty Iowa		
10. Place of Birth, . . .	Blacksburg West. Va		
11. Name of Father, . . .	Winthrop Cemetery		
12. Name of Mother, . .			
(Maiden Name), . . .			
13. Birthplace of Father, .	Summer Floyd		
14. Birthplace of Mother, .			
15. Place of Interment, .			
Signature of Undertaker } Summer Floyd			
the Return, . . . . . making			

DATED at Winthrop , on Sept 14<sup>th</sup> 1895\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. Jan. 1895 — 5,000.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

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## RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .
2. Name, . . .  
(Maiden Name), \*  
(Name of Husband), \*
3. Sex, and whether single,  
Married, or Widowed,
4. Color, † . . .
5. Age, . . .
- (Disease or Cause of Death,  
(Primary and Secondary), †  
Duration of Sickness, .  
(By whom certified, .  
6. Residence, . . .
7. Occupation, . . .
8. Place of Death, . . .
9. Place of Birth, . . .
10. Name of Father, . . .
11. Name of Mother, . . .  
(Maiden Name),
12. Birthplace of Father, . . .
13. Birthplace of Mother, . . .
14. Place of Interment, . . .

Signature of Undertaker  
~~and~~ ~~person~~ making  
 the Return, . . .

DATED at Northampton, on Sept 16<sup>th</sup> 1897.

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
 † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

(Be very particular to fill all Blanks.)



Page 10  
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are - 3

[Public Statutes, Chapter 32. as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\*

John Moyle

Age, 53 yrs

Date and Place of Death,†

died at

Wintthrop (Beach Road) Sept 15 1895.

Disease or Cause of Death, -

(Primary and Secondary.)‡

Probably of Cerebral Embolism  
(Apoplexy)

Duration of Sickness, -

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician,

J. E. Colman M.D.

Date of Certificate,

Sept 17 1895.

\* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.  
Plate. Ed. May, 1893. — 5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.

*[Public Statutes, Chapter 32: as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]*

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## RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred,

1. Date of Death, . . . .
2. Name, . . . . .  
(Maiden Name), \*  
(Name of Husband), \*
3. Sex, and whether single,  
Married, or Widowed,
4. Color, † . . . . .
5. Age, . . . . .  
(Disease or Cause of Death,  
(Primary and Secondary), †
6. Duration of Sickness, .  
(By whom certified, .
7. Residence, . . . . .
8. Occupation, . . . . .
9. Place of Death, . . . .
10. Place of Birth, . . . .
11. Name of Father, . . . .
12. Name of Mother, . . . .  
(Maiden Name),
13. Birthplace of Father, . .
14. Birthplace of Mother, .
15. Place of Interment, .

Signature of Undertaker  
~~the person~~ making  
the Return, . . . . .DATED at Wintthrop, on Sept 18th 1891-

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion  
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Septemling 18th 1891  
Horace Whitney

Male Widower

White

93 Years, 4 Months, 23 Days,  
Old age

Boston

Gentleman

Wintthrop Mass.

Westminster Mass.

Joel Whitney

Abigail

Westminster Mass.

Westminster Mass.

Mt Hope, Boston,

Summer Street

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\* *Horace Whitney* Age, *93 yrs*  
Date and Place of Death,† - died at *Winthrop. Mass.* *Sept 18-*  
Disease or Cause of Death, - of *Old Age* *1895*  
(Primary and Secondary.)‡  
Duration of Sickness, - -

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician, *Leah S. Goldthwaite, 444 Mass Ave*  
*Boston Mass*  
Date of Certificate, *Sept 19* *1895*

\* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.  
Plate. Ed. May, 1893. — 5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.



[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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No.

## RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Sept. 30, 1893.		
2. Name, . . . . .	Anna C. Snyder,		
(Maiden Name), *	Anna C. Snyder,		
(Name of Husband), *	Christian F. Snyder,		
3. Sex, and whether single, Married, or Widowed,	Female		
4. Color, † . . . . .	Married,		
5. Age, . . . . .	64 Years,	7 Months,	8 Days.
(Disease or Cause of Death, (Primary and Secondary), †	white		
6. Duration of Sickness, .	Two weeks		
(By whom certified, .	Cor. Shurday & Washburn & Co.,		
7. Residence, . . . . .	Wentworth Branch,		
8. Occupation, . . . . .	Short Hills New Jersey.		
9. Place of Death, . . .	Valentine Snodgrass,		
10. Place of Birth, . . .	Elizabeth Walker		
11. Name of Father, . . .	Germany		
12. Name of Mother, . . .	Germany		
(Maiden Name), . . .	Wentworth Branch		
13. Birthplace of Father, .	Summer Floyd		
14. Birthplace of Mother, .	Germany		
15. Place of Interment, .	Wentworth Branch		
Signature of Undertaker <del>the Return</del> making	Summer Floyd		
DATED at	Wentworth		on Sept 30, 1893.

\* If a Married Woman or Widow, † If a Soldier who served in the War of the Rebellion.  
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\* Anna C. Russ Age, 64-7-8  
Date and Place of Death,† - died at Winthrop (Shirley Street) (Sept 30 " 1895.  
Disease or Cause of Death, - of Bright's Disease  
(Primary and Secondary.)‡  
Duration of Sickness, - -

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician, Frank C. Richardson, M.D., E. Boston.

Date of Certificate, Oct. 1<sup>st</sup>, 1895.

\* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.  
Plate. Ed. May, 1893. — 5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.



## RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .
2. Name, . . . . .  
(Maiden Name),\* . . .  
(Name of Husband),\* . . .
3. Sex, and whether single,  
Married, or Widowed,
4. Color,† . . . . .
5. Age, . . . . .  
(Disease or Cause of Death,  
(Primary and Secondary),†
6. Duration of Sickmess, . . .  
(By whom certified, . . .
7. Residence, . . . . .
8. Occupation, . . . . .
9. Place of Death, . . . . .
10. Place of Birth, . . . . .
11. Name of Father, . . . . .
12. Name of Mother, . . . . .  
(Maiden Name),
13. Birthplace of Father, . . . . .
14. Birthplace of Mother, . . . . .
15. Place of Interment, . . . . .

Signature of Undertaker  
~~or other person~~ making  
 the Return, . . . . .

DATED at

, on

18

1895.

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
 † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]



*[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]*

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\*

Alfred Richardson

Age, 70 yrs 6 mos

Date and Place of Death,†

died at Winthrop Winthrop Street Oct 2 1895.

Disease or Cause of Death, -  
(Primary and Secondary.)‡

of Cancer of Esophagus

Duration of Sickness, -

Probably a year

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician,

Albert B. Norman, M.D.

Date of Certificate,

Oct. 3<sup>d</sup>

1895.

Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

## RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	October 7 <sup>th</sup> 1893		
2. Name, . . . . . (Maiden Name),* . . . (Name of Husband), † . . .	Corrado Spagnuolo		
3. Sex, and whether single, Married, or Widowed,	Male		
4. Color, ‡ . . . . .	Married		
5. Age, . . . . .	72 years, 7 Months, 3 Days.	25	not 4
6. Disease or Cause of Death, (Primary and Secondary), ‡	Tubercle of Lungs		
By whom certified,	Dr. Wm. J. McLean		
7. Residence, . . . . .	Huntington, Mass.		
8. Occupation, . . . . .	Physician		
9. Place of Death, . . . . .	Huntington, Mass.		
10. Place of Birth, . . . . .	Duxbury, Mass.		
11. Name of Father, . . . . .	Samuel Spagnuolo		
12. Name of Mother, . . . . . (Maiden Name),	Esther Spagnuolo		
13. Birthplace of Father, . . . . .	Duxbury, Mass.		
14. Birthplace of Mother, . . . . .	Huntington, Mass.		
15. Place of Interment, . . . . .	Huntington, Mass.		
Signature of Undertaker <del>or other person making</del> the Return, . . . . .	J. W. McLean		

DATED at

on

1893

\* If a Married Woman or Widow, † If a Soldier who served in the War of the Rebellion,  
 ‡ If other than White, (M.) Mulatto, (I.) Indian. If of other Races, specify what.

[Be very particular to fill all blanks.]

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\* *Horatio Sprague Soule M.D.* Age, <sup>72</sup>~~42~~ *yo 7 mo 4 da*

Date and Place of Death,† - died at *Winthrop Oct-7<sup>th</sup>* 1895.

Disease or Cause of Death, - of *Aortic Stenosis*  
(Primary and Secondary.)‡

Duration of Sickness, - - *Six months*

*I certify that the above is true, to the best of my knowledge and belief.*

Signature and Residence of Certifying Physician, *Horace J. Soule M.D.*

Date of Certificate, *Oct 8<sup>th</sup>* 1895.

\* Or Sex of Infant (not named). If stillborn so state. † If child died immediately after birth so state. ‡ If a soldier or sailor who served in the War of the Rebellion.  
Plate. Ed. May, 1893. — 5,000.



[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

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## RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	October 30 1895
2. Name, . . . . . (Maiden Name)*, . . . (Name of Husband),* . . .	Miss Frieda Beck
3. Sex, and whether single, Married, or Widowed,	Female
4. Color, † . . . . .	White
5. Age, . . . . .	11 Years, 0 Months, 26 Days.
Disease or Cause of Death, (Primary and Secondary), †	Scarlet Fever with Diphtheria
6. Duration of Sickness, . . . (By whom certified, . . .	
7. Residence, . . . . .	
8. Occupation, . . . . .	
9. Place of Death, . . .	My Aunt's Minutemen's Block
10. Place of Birth, . . . . .	Wilkes-Barre, Pa.
11. Name of Father, . . . . .	William E. Locke
12. Name of Mother, . . . (Maiden Name), . . .	James H. Beck
13. Birthplace of Father, . . .	Wilmington, Mass.
14. Birthplace of Mother, . . .	Barnstable, England
15. Place of Interment, . . .	Windsor Cemetery
Signature of Undertaker <del>after persons</del> making the Return, . . . . .	Amos E. Floyd

DATED at Winthrop, on Oct 31 1895

\* If a Married Woman or Widow, † If a Soldier who served in the War of the Rebellion.  
 † If other than White. (M.) Mutilated. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

*Hygiene Law*

[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\*

Winnifred B. Locke

Age, 10 yrs. 26 days

Date and Place of Death,†

died at

Waltham, Mass. Oct. 30<sup>th</sup>, 1895.

Disease or Cause of Death, -

(Primary and Secondary.)‡

of Heart Disease

Duration of Sickness, - -

Acute illness 12 hours.

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician,....

Albert B. Dorman, M.D.

Date of Certificate,

Oct. 31<sup>st</sup>

1895.

\* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

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## RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .
2. Name, . . . . .  
(Maiden Name), \* . . .  
(Name of Husband), \* . . .
3. Sex, and whether single,  
Married, or Widowed,
4. Color, † . . . . .
5. Age, . . . . .
6. Disease or Cause of Death,  
(Primary and Secondary), †  
Duration of Sickness, . . .  
(By whom certified, . . .
7. Residence, . . . . .
8. Occupation, . . . . .
9. Place of Death, . . . . .
10. Place of Birth, . . . . .
11. Name of Father, . . . . .
12. Name of Mother, . . . . .  
(Maiden Name), . . . . .
13. Birthplace of Father, . . . . .
14. Birthplace of Mother, . . . . .
15. Place of Internment, . . . . .

Signature of Undertaker  
~~or other person making~~  
 the Return, . . . . .

DATED at

, on

January

1895

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
 † If other than White. (M.) Miliatto. (I.) Indian. If of other Races, specify what.

(Be very particular to fill all blanks.)

Plate. Ed. May, 1893. — 5,000.



[Public Statutes, Chapter 32. as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

*3 Com. 292*

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\* *Amel G. Beale* Age, *73-10-3.*

Date and Place of Death,† - died at *Tenksby St. Great Head Nov 6<sup>th</sup> 1895,*

Disease or Cause of Death, - of *Cardiac Hypertrophy and Pneumonia*  
(Primary and Secondary.)‡

Duration of Sickness, - *Duration of final sickness 4 days*

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician, *Albert B. Dorman, M.D.*

Date of Certificate, *Nov. 7<sup>th</sup> 1895.*

\* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.  
Plate. Ed. October, 1895. — 5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.

*[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]*

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

## RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	December 11 <sup>th</sup> 1875		
2. Name, . . . . .	Wm. B. S. Anderson		
(Maiden Name), *	—		
(Name of Husband), *	—		
3. Sex, and whether single, Married, or Widowed,	Male		
4. Color, † . . . . .	White		
5. Age, . . . . .	66 Years,	10 Months,	— Days.
(Disease or Cause of Death, (Primary and Secondary), †	Typhoid Fever		
6. Duration of Sickness, . (By whom certified, .	Dr. J. B. S. Anderson		
7. Residence, . . . . .	Hingham, Mass		
8. Occupation, . . . . .	Carpenter		
9. Place of Death, . . . . .	Ct. of Hingham		
10. Place of Birth, . . . . .	Ct. of Hingham, Mass		
11. Name of Father, . . . . .	Dominion		
12. Name of Mother, . . . . . (Maiden Name),	Adams		
13. Birthplace of Father, . . . . .	Ct. of England		
14. Birthplace of Mother, . . . . .	Hingham, Mass		
15. Place of Interment, . . . . .	Hingham, Mass		
Signature of Undertaker <del>or other person making</del> the Return, . . . . .	Wm. B. S. Anderson		
DATED at	Hingham,	on	December 18 <sup>th</sup> 75

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion  
 † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

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*W. E. Hall*

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\* *Walter H. Johnson* Age, *66-10<sup>su</sup>*

Date and Place of Death,† - died at *Winthrop Co. Va Nov 11* " *1895,*

Disease or Cause of Death, - of *Lobar Pneumonia*  
(Primary and Secondary.)‡

Duration of Sickness, - *Eight - days*

*I certify that the above is true, to the best of my knowledge and belief.*

Signature and Residence of Certifying Physician, *J. E. Johnson, M.D.*

Date of Certificate, *Nov 12* *1895*.

\* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.  
Plate. Ed. October, 1895. — 5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.



[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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## RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	November 14, 1895
2. Name, . . . . .	Caron Mitchell
(Maiden Name), *	—
(Name of Husband), *	—
3. Sex, and whether single, Married, or Widowed,	Male
4. Color, † . . . . .	White
5. Age, . . . . .	90 Years, — Months, 16 Days.
(Disease or Cause of Death, (Primary and Secondary), †	—
6. Duration of Sickness, . . . . .	—
(By whom certified, . . . . .	—
7. Residence, . . . . .	Harding, Mass.
8. Occupation, . . . . .	Quaker
9. Place of Death, . . . . .	Quaker Meeting
10. Place of Birth, . . . . .	Port Hope
11. Name of Father, . . . . .	William Mitchell
12. Name of Mother, . . . . .	—
(Maiden Name), . . . . .	—
13. Birthplace of Father, . . . . .	Port Hope
14. Birthplace of Mother, . . . . .	—
15. Place of Interment, . . . . .	—
Signature of Undertaker	—
<del>and other person making</del> the Return, . . . . .	—
DATED at	—
, on	November 14, 1895.

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
 † If other than White. (M.) Mulatto. (I.) Indian. If of other races, specify what.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\*

Carroll Mitchell

Age, 90-16

Date and Place of Death,†

died at

Waltham (Lincoln W) Nov 14 " 1895,

Disease or Cause of Death, -  
(Primary and Secondary).‡

of

Euthanasia

Duration of Sickness, -

2 weeks.

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician,

Ernest S. Bennett D 28 La Grange W-E.B.

Date of Certificate, -

Nov. 14 1895.

\* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.  
Plate. Ed. October, 1895. — 5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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No. ....

## RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .

2. Name, . . . . .

(Maiden Name),\* .

(Name of Husband),\* .

3. Sex, and whether single,

Married, or Widowed,

4. Color, † . . . . .

5. Age, . . . . .

6. Disease or Cause of Death,  
(Primary and Secondary), †

a. Duration of Sickness, .

(By whom certified, .

7. Residence, . . . . .

8. Occupation, . . . . .

9. Place of Death, . . . . .

10. Place of Birth, . . . . .

11. Name of Father, . . . . .

12. Name of Mother, . . . . .

(Maiden Name),

13. Birthplace of Father, .

14. Birthplace of Mother, .

15. Place of Interment, .

Signature of Undertaker

or other person making

the Return, . . . . .

DATED at

, on

18 :

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
 † If other than White. (W.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. May, 1893. — 5,000.



5056770

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\*

John Hopkins

Age,

Date and Place of Death,† -

died at

Winthrop (Main Street) May 18<sup>th</sup> 1895,

Disease or Cause of Death, - of  
(Primary and Secondary)‡

of

Peritonitis seg & Appendicitis

Duration of Sickness, - -

One (1) week

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician,

Henry Sweeney Winthrop  
Winthrop  
1895.

Date of Certificate,

For 19

\* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.  
Plate. Ed. October, 1895. — 5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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No.

## RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .
2. Name, . . . . .  
(Maiden Name),\*  
(Name of Husband), †
3. Sex, and whether single,  
Married, or Widowed,
4. Color, ‡ . . . . .
5. Age, . . . . .
- (Disease or Cause of Death,  
(Primary and Secondary), †
6. Duration of Sickness, .  
(By whom certified, .
7. Residence, . . . . .
8. Occupation, . . . . .
9. Place of Death, . . . . .
10. Place of Birth, . . . . .
11. Name of Father, . . . . .
12. Name of Mother, . . . . .  
(Maiden Name),
13. Birthplace of Father, . .
14. Birthplace of Mother, . .
15. Place of Interment, . .

Signature of Undertaker  
~~or other person making~~  
the Return, . . . . .

DATED at Martha's, on Dec 6 1893

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

(Be very particular to fill all blanks.)

Plate. Ed. May, 1893. — 5,000.

[*Public Statutes, Chapter 32. as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.



# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\* *George F. Ladd* Age, *1-10-24*  
Date and Place of Death,† - died at *Wentworth, Mass., Dec. 6<sup>th</sup>, 1895-*  
Disease or Cause of Death, - of *Diphtheria*  
(Primary and Secondary.)‡  
Duration of Sickness, - - *About four days*

*I certify that the above is true, to the best of my knowledge and belief.*

Signature and Residence of Certifying Physician, *Albert B. Bowman, M.D.*  
*Chairman Board of Health*  
*Wentworth, Mass.* Date of Certificate, *Dec. 6<sup>th</sup>, 1895-*

\* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.  
Plate. Ed. October, 1895. — 5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.



*[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]*

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

## RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Dec 8 <sup>th</sup> 1895
2. Name, . . . . . (Maiden Name),* . . .	George W. Johnston
(Name of Husband),* . . .	
3. Sex, and whether single, Married, or Widowed,	Male
4. Color, † . . . . .	White
5. Age, . . . . .	19 Years, 3 Months, ~ Days.
(Disease or Cause of Death, (Primary and Secondary), †	Septicemia
6. Duration of Sickness, . . . (By whom certified, . . .	At home
7. Residence, . . . . .	Johnston Block, Johnston
8. Occupation, . . . . .	
9. Place of Death, . . . . .	Johnston
10. Place of Birth, . . . . .	Johnston
11. Name of Father, . . . . .	John Johnston
12. Name of Mother, . . . . . (Maiden Name), . . . . .	E. Johnston
13. Birthplace of Father, . . . . .	Johnston
14. Birthplace of Mother, . . . . .	Johnston
15. Place of Internment, . . . . .	Johnston

Signature of Undertaker  
or other person making  
the Return, . . . . .

DATED at

, on

Dec 9<sup>th</sup> 1895

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
† If other than White. (M.) Mulatto. (I.) Indian. If of other races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\*

George W. Martin Age, 19 yrs 3 mos

Date and Place of Death,† - died at.

Whitthrop (Johnson Ave) Dec 8<sup>th</sup> 1895,

Disease or Cause of Death, - of.  
(Primary and Secondary.)‡

Typhoid Fever

Duration of Sickness, - -

Twelve days

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician,

J. E. Johnson M.D.

Whitthrop Mass

Date of Certificate,

Dec 9 1895.

\* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, Dec. 25<sup>th</sup> 1895

Name and age of deceased: ..... Age 1 yrs. .... mos. .... dys.

Date and place of death: Found Dec. 23<sup>rd</sup> Great Head Beach

Disease or cause of death: Still born

Duration of disease: \* .....

I certify that the above is true, to the best of my knowledge and belief.

Name and residence  
of physician. }

Francis A. Harris M. D.  
Med. Examiner

\* It is very desirable to be informed of the duration of the disease.

The office of the Board of Health will be open for the granting of permits for burial, as follows:—Saturdays, 9 A. M. till 2 P. M.; Sundays, 10 A. M. till 12 M.; Holidays, from 10 A. M. till 12 M.; other days, from 9 A. M. till 5 P. M.





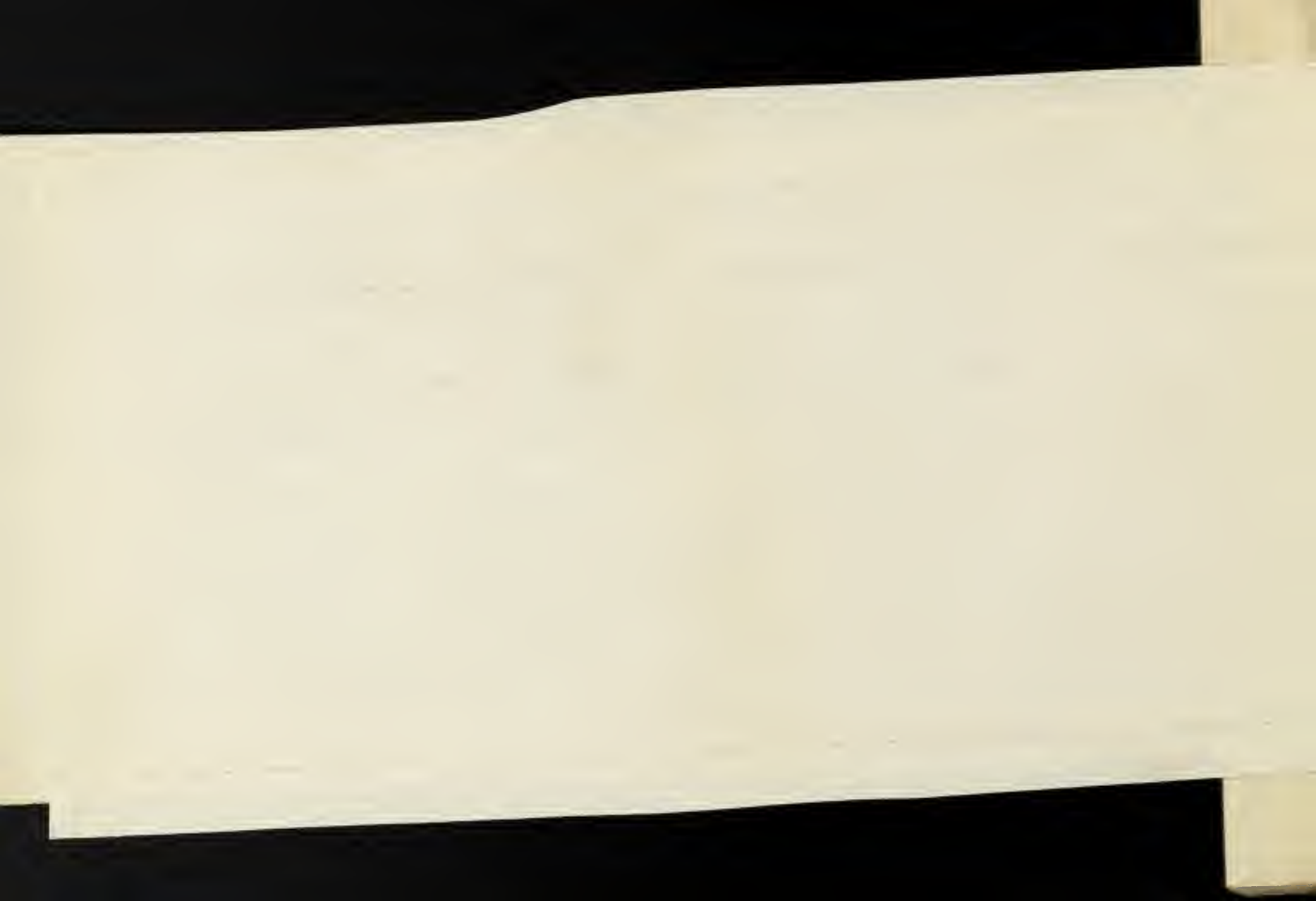
# UNDERTAKER'S RETURN. ~~BOSTON.~~

Date of death, *Dec 25* 189*5* Name, *Unknown*  
 Maiden name,\* *\_\_\_\_\_* Sex, *Male*  
 Married, single, or widow of *\_\_\_\_\_* wife of *\_\_\_\_\_*  
 Color, *W* Age, *\_\_\_\_\_* years, *\_\_\_\_\_* mos., *\_\_\_\_\_* days. Residence, *\_\_\_\_\_*  
 Place of death (street and number), *Unknown, (Found on Beach<sup>†</sup> at Break O' Dead<sup>ward</sup>)*  
 Place of birth, *Unknown* Occupation, *\_\_\_\_\_*  
 Name of father, *\_\_\_\_\_* Maiden name of mother, *\_\_\_\_\_*  
 Birthplace of father, *\_\_\_\_\_* Birthplace of mother, *\_\_\_\_\_*  
 Place of interment,† *Winthrop Cemetery*

\* If a married woman or a widow.      † Give the name of the burial ground.

Signature of Undertaker:

*Summer Floyd*



## RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	December 31 1895
2. Name, . . . . . (Maiden Name),* . (Name of Husband),* .	Diana Louise Collins
3. Sex, and whether single, Married, or Widowed,	Female
4. Color,† . . . . .	White
5. Age, . . . . .	20 1/2
Disease or Cause of Death, (Primary and Secondary),‡	Scarlet fever
6. Duration of Sickmess, . (By whom certified, .	Dr. J. W. Collins
7. Residence, . . . . .	Clinton, N. Y.
8. Occupation, . . . . .	Student
9. Place of Death, . . . . .	Clinton, N. Y.
10. Place of Birth, . . . . .	Clinton, N. Y.
11. Name of Father, . . . . .	Nathan B. Collins
12. Name of Mother, . . . . . (Maiden Name),	Eliza A. Collins
13. Birthplace of Father, . . . . .	Clinton, N. Y.
14. Birthplace of Mother, . . . . .	Clinton, N. Y.
15. Place of Internment, . . . . .	Clinton, N. Y.
Signature of Undertaker <del>whether person</del> making the Return, . . . . .	John A. Collins

DATED at Clinton, on December 31 1895

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
‡ If other than White. (M.) Mulatto. (I.) Indian. If of other races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons; early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

No.

## RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .

2. Name, . . .

(Maiden Name), \*

(Name of Husband), \*

3. Sex, and whether single,

Married, or Widowed,

4. Color, † . . .

5. Age, . . .

Disease or Cause of Death,  
(Primary and Secondary), †

6. Duration of Sickness, .

(By whom certified, .

7. Residence, . . .

8. Occupation, . . .

9. Place of Death, . . .

10. Place of Birth, . . .

11. Name of Father, . . .

12. Name of Mother, . . .  
(Maiden Name),

13. Birthplace of Father, .

14. Birthplace of Mother, .

15. Place of Interment, .

Signature of Undertaker  
~~not necessary~~ making  
the Return, . . .

DATED at

, on

18

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
† If other than White. (M.) Mulatto. (I.) Indian. If of other races, specify what.

[Be very particular to fill all blanks.]



[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

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# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\* *Nathan P. Kenney* Age, *44-5-27*  
Date and Place of Death,† - died at *Wintthrop (Main St) Dec 31* " 1895,  
Disease or Cause of Death, - of *Pneumonia*  
(Primary and Secondary.)‡  
Duration of Sickness, - *Nine Days*

*I certify that the above is true, to the best of my knowledge and belief.*

Signature and Residence of Certifying Physician, *Horace J. Soule M D*

Date of Certificate, *Jan 1* 1896.

\* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.  
Plate. Ed. October, 1895. — 5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.





## RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	January 24/1896
2. Name, . . . . .	Franklin B. Jones
(Maiden Name), * . .	—
(Name of Husband), * . .	—
3. Sex, and whether single, Married, or Widowed,	Single
4. Color, † . . . . .	White
5. Age, . . . . .	50 Years, 6 Months, 2 Days.
(Disease or Cause of Death, (Primary and Secondary), †)	Heart Disease
6. Duration of Sickness, (By whom certified, . . . . .)	Dr. J. J. Jones
7. Residence, . . . . .	West Point, N. Y.
8. Occupation, . . . . .	Farmer
9. Place of Death, . . . . .	Place of Birth
10. Place of Birth, . . . . .	Northampton, Mass.
11. Name of Father, . . . . .	Samuel Jones
12. Name of Mother, . . . . .	Elizabeth Jones
(Maiden Name), . . . . .	—
13. Birthplace of Father, . . . . .	Massachusetts
14. Birthplace of Mother, . . . . .	Massachusetts
15. Place of Interment, . . . . .	West Point, N. Y.
Signature of Undertaker or other person making the Return, . . . . .	Franklin B. Jones

DATED at

on

1896

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
 † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all blanks.]

Plate. Ed. May, 1893. — 5,000.



May 16 1893

[Public Statutes, Chapter 32 as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

0-9  
Aug 15 1893

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\* *St. Albert Tenksbury* Age, *50 yr 6 mos*  
Date and Place of Death,† - died at *Winthrop (Pleasant Street) Jan 8<sup>th</sup> 1896,*  
Disease or Cause of Death, - of *Epilepsy*  
(Primary and Secondary.)‡  
Duration of Sickness, - *48 hour prior sickness*

*I certify that the above is true, to the best of my knowledge and belief.*

Signature and Residence of Certifying Physician, *Albert B. Womumy M.D.*

Date of Certificate, *Jan 10<sup>th</sup> 1896.*

\* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.

*[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]*

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

## RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .
2. Name, . . .  
(Maiden Name), \*
- (Name of Husband), \*
3. Sex, and whether single,  
Married, or Widowed,
4. Color, † . . .
5. Age, . . .
- (Disease or Cause of Death,  
(Primary and Secondary), †
6. Duration of Sickness, .  
(By whom certified, .
7. Residence, . . .
8. Occupation, . . .
9. Place of Death, . . .
10. Place of Birth, . . .
11. Name of Father, . . .
12. Name of Mother, . . .  
(Maiden Name),
13. Birthplace of Father, .
14. Birthplace of Mother, .
15. Place of Internment, .

Signature of Undertaker  
or other person making  
the Return, . . .

DATED at *Smiths*, on

*Jan 11*

, on

1896

\* If a Married Woman or Widow, † If a Soldier who served in the War of the Rebellion.  
† If other than White. (N.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.



# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\* Charlotte C. Bear Age, 45 years

Date and Place of Death,† - died at Winthrop (Prospect Ave Jan 10 1896,

Disease or Cause of Death, - of ... Septicaemia (Blood Poison)

(Primary and Secondary.)‡

Duration of Sickness, - - About 8 weeks

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician, Albert B. Boman, M.D.

Date of Certificate, Jan. 13<sup>th</sup> 1896.

\* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.  
Plate. Ed. October, 1895. — 5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.



*[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]*

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

No. ....

## RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	January 23 <sup>rd</sup> 1896
2. Name, . . . . . (Maiden Name)*, (Name of Husband),*	John Bennett Munnice
3. Sex, and whether single, Married, or Widowed,	Male
4. Color, † . . . . .	White
5. Age, . . . . .	1 Year, 10 Months, 2 Days.
Disease or Cause of Death, (Primary and Secondary), †	Anthrax
6. Duration of Sickmess, . (By whom certified, .	Physician, Dr. J. J. . . . .
7. Residence, . . . . .	Northampton
8. Occupation, . . . . .	Blacksmith
9. Place of Death, . . . . .	Northampton
10. Place of Birth, . . . . .	Northampton
11. Name of Father, . . . . .	William J. Munnice
12. Name of Mother, . . . . . (Maiden Name),	Julia E. Munnice
13. Birthplace of Father, . . . . .	Peru, Ind.
14. Birthplace of Mother, . . . . .	Peru, Ind.
15. Place of Interment, . . . . .	Northampton
Signature of Undertaker or other person making the Return, . . . . .	James P. Payer

DATED at Northampton, on January 24 1896

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
 † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all blanks.]

2501  
[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

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2501  
2501

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\*

John Burnett Merrill

Age, 1 yr 10 mos

Date and Place of Death,†

died at

Winstrop, (Chirley Street) Jan 13 1896,

Disease or Cause of Death, -

of

Pneumonitis

(Primary and Secondary.)‡

Duration of Sickness, -

Five or six days

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician,

Albert B. Dorman, M.D.

Date of Certificate,

Jan 24<sup>th</sup>

1896.

Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.  
Plate. Ed. October, 1895. — 5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.

*[Public Statutes, Chapter 32, as amended by Acts of 1883, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]*

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

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No.

## RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .

2. Name, . . .

(Maiden Name), \*

(Name of Husband), †

3. Sex, and whether single,

Married, or Widowed,

4. Color, † . . .

5. Age, . . .

(Disease or Cause of Death,  
(Primary and Secondary), †6. Duration of Sickness, .  
(by whom certified,

7. Residence, . . .

8. Occupation, . . .

9. Place of Death, . . .

10. Place of Birth, . . .

11. Name of Father, . . .

12. Name of Mother, . . .

(Maiden Name),

13. Birthplace of Father, .

14. Birthplace of Mother, .

15. Place of Interment, .

Signature of Undertaker  
~~the~~ ~~person~~ making  
the Return, } . . .

DATED at

, ON

1896

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

(Be very particular to fill all Blanks.)

Plate. Ed. May, 1893. — 5,000.



[Public Statutes, Chapter 32 as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\*

Julius S. Munson

Age, 62-4-23

(Surgic R17)

Date and Place of Death,†

died at

111 North Beach Jan 27 1896,

Disease or Cause of Death, -  
(Primary and Secondary.)‡

of

Carcinoma

Duration of Sickness, -

Twenty six months

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician,

Edward H. Fiske, Surgeon, U.S. Army

Date of Certificate,

Feb 1 1896

Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.  
Plate. Ed. October, 1895. — 5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

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No. ....

## RETURN OF A DEATH.

To the Clerk of the City or Town in which the Death occurred.

1. Date of Death, . . .

2. Name, . . .

(Maiden Name), \*

(Name of Husband), \*

3. Sex, and whether single,

Married, or Widowed,

4. Color, † . . .

5. Age, . . .

(Disease or Cause of Death,  
(Primary and Secondary), †

6. Duration of Sickness, .

(By whom certified, .

7. Residence, . . .

8. Occupation, . . .

9. Place of Death, . . .

10. Place of Birth, . . .

11. Name of Father, . . .

12. Name of Mother, . . .

(Maiden Name),

13. Birthplace of Father, .

14. Birthplace of Mother, .

15. Place of Interment, .

Signature of Undertaker  
~~other person~~ making  
the Return, . . .

DATED at

Winthrop,

, on

Jan 30 " 1896

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. Dec., 1895.—5,000.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\*

Lopham I Bate

Age, 4 years

Date and Place of Death,† - died at

Winthrop, Mass. Jan. 30 1896,

Disease or Cause of Death, - of  
(Primary and Secondary.)‡

Premature; was 1 child of  
Marasmus

Duration of Sickness, - -

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician,

J. E. Johnson M.D.

Date of Certificate, ...

Feb

1896.

Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.  
Plate. Ed. October, 1895. — 5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.



*[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]*

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

## RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .
2. Name, . . . . .  
(Maiden Name)\*,  
(Name of Husband),\*
3. Sex, and whether single,  
Married, or Widowed,
4. Color, † . . . . .
5. Age, . . . . .
- Disease or Cause of Death,  
(Primary and Secondary), †
6. Duration of Sickness, .  
(By whom certified, .
7. Residence, . . . . .
8. Occupation, . . . . .
9. Place of Death, . . . . .
10. Place of Birth, . . . . .
11. Name of Father, . . . . .
12. Name of Mother, . . . . .  
(Maiden Name),
13. Birthplace of Father, . . . . .
14. Birthplace of Mother, . . . . .
15. Place of Interment, . . . . .

Signature of Undertaker  
~~the Return~~ making

DATED at

, on

1896

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
+ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

(Be very particular to fill all blanks.)

Plate. Ed. September, 1892—5,000.

*[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224.]*

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there be no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board or agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk of registrar for registration. The person to whom the permit is given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding dollars.

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# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\* ..... Maggie Lapham ..... Age, 33 yr. 7 mo 19 d  
Date and Place of Death,† - died at Winthrop Mass Jan 31 1896,  
Disease or Cause of Death, - of Acute Nephritis and Tubercular  
(Primary and Secondary.)‡  
Duration of Sickness, - - Meningitis - One month

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician, ..... E. J. Lapham, M.D. ....

Date of Certificate, Feb, - 1896 .

\* Or Sex of Infant (not named). If stillborn so state. † If child died immediately after birth so state. ‡ If a soldier or sailor who served in the War of the Rebellion.  
Plate. Ed. October, 1895. — 5,000.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate, as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

5-3-9



## RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	March 10 <sup>th</sup> 1895
2. Name, . . . . . (Maiden Name)*, . . . (Name of Husband), †,	Ann Maria Hooper Acushnet Oliver Hooper Esq Taunton, Mass Widowed May 24 Wife 9
3. Sex, and whether single, Married, or Widowed,	66 Years, 9 Months, 15 Days.
4. Color, ‡ . . . . .	White
5. Age, . . . . .	66 Years, 9 Months, 15 Days.
Disease or Cause of Death, (Primary and Secondary), ‡	Dr. Johnson
6. Duration of Sickmess, . . . (By whom certified, . . .	Hemlock Street
7. Residence, . . . . .	Hemlock Street
8. Occupation, . . . . .	Boys & Girls of Town
9. Place of Death, . . . . .	Chatham
10. Place of Birth, . . . . .	Chatham
11. Name of Father, . . . . .	Chatham
12. Name of Mother, . . . . . (Maiden Name),	Chatham
13. Birthplace of Father, . . .	Chatham
14. Birthplace of Mother, . . .	Chatham
15. Place of Interment, . . .	Chatham
Signature of Undertaker <del>as other person</del> making the Return. . . . .	Chatham
DATED at Taunton, . . . . ., on March 10 <sup>th</sup> 1895.	

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
‡ If other than White. (M.) Mahatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]



[Public Statutes, Chapter 32, as amended by Acts of 1883, Chapter 306; Acts of 1839, Chapter 224.]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

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# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\*

Ann Maria Wheeler

Age, 66-9-15

Date and Place of Death,†

died at

Winthrop (Florence Ave) Mch 10 " 1896,

Disease or Cause of Death, - of

of

(Primary and Secondary.)‡

apoplexy

Duration of Sickness, - -

10 days

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician,

J. E. Johnson. M.D.

Date of Certificate,

Winthrop Mar 13 1896.

\* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.  
Plate. Ed. October, 1895. — 5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

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## RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Mch 17, 1896		
2. Name, . . . . . (Maiden Name),* . . . . . (Name of Husband),* . . . . .	Mary A. Squires Mary A. Bidwell Martin Squires Female Widow W		
3. Sex, and whether single, Married, or Widowed,			
4. Color,† . . . . .	W		
5. Age, . . . . .	Years,	Months,	Days.
	90		
{ Disease or Cause of Death, (Primary and Secondary),†			
6. Duration of Sickness, . . . . . (By whom certified, . . . . .)	Dr. Johnson		
7. Residence, . . . . .	Winthrop Mass		
8. Occupation, . . . . .	Winthrop Mass		
9. Place of Death, . . . . .	Winthrop Mass		
10. Place of Birth, . . . . .	Hartford Conn		
11. Name of Father, . . . . .	Timothy Bidwell		
12. Name of Mother, . . . . . (Maiden Name), . . . . .	Roxey (Frances) Bidwell		
13. Birthplace of Father, . . . . .	—		
14. Birthplace of Mother, . . . . .	—		
15. Place of Interment, . . . . .	Auricut Mass		
Signature of Undertaker or other person making the Return, . . . . .			
Ed March			
DATED at Winthrop Mass, on Mch 17 <sup>th</sup> 1896			

\* If a Married Woman or Widow, † If a Soldier who served in the War of the Rebellion.  
 † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. Jan. 1895. — 5,000.

Summer Floyd Winthrop Mass

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or if there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or the physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\*

Mary A. Squires Age, 25 Yrs

Date and Place of Death,† - died at

Knittraps (Shirley St) Mar 17 1896,

Cause or Cause of Death, - of  
(Primary and Secondary.)‡

Heart Disease

Duration of Sickness, - -

1/2 day

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician,

Edw. J. Johnson, M.D.

Date of Certificate,

Mar 17 1896.

\* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.  
Plate. Ed. October, 1895. — 5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.



*[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]*

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

# RETURN OF A DEATH

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	March 21, 1896
2. Name, . . . . . (Maiden Name),* (Name of Husband),*	Isabella Chapman Isabella Chapman William L. Chapman Female Married
3. Sex, and whether single, Married, or Widowed,	
4. Color, † . . . . .	
5. Age, . . . . .	24 Years, 9 Months, 8 Days.
Disease or Cause of Death, (Primary and Secondary), †	
6. Duration of Sickness, . (By whom certified, .	
7. Residence, . . . . .	Hamthrop Mass.
8. Occupation, . . . . .	Wintrop Mass
9. Place of Death, . . . .	Dickens Mass
10. Place of Birth, . . . .	Antonia Chapman
11. Name of Father, . . . .	Isabella Chapman
12. Name of Mother, . . . . (Maiden Name),	
13. Birthplace of Father, .	Hamthrop Mass
14. Birthplace of Mother, .	Hamthrop Mass
15. Place of Interment, .	Hamthrop Mass
Signature of Undertaker <del>or other person making</del> the Return, . . . . .	Summer Floyd

DATED at Hamthrop, on March 22 1896

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter :

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

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10-2 3/4  
67-3 1/4  
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# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\* *Rebecca Sampson* Age, *74 yrs 9 mos 8 ds*  
Site and Place of Death,† - died at *Winthrop (Shiley Street) Mch 21" 1896,*  
Disease or Cause of Death, - of *Acute Bronchitis - with*  
(Primary and Secondary.)‡  
Duration of Sickness, - - *Dilated Heart*

*I certify that the above is true, to the best of my knowledge and belief.*

Signature and Residence of Certifying Physician,

*Edw. Sampson M.D.*

Date of Certificate,

*Mar 23. 1896.*

\* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.  
Plate. Ed. October, 1895. — 5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.

*[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]*

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

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No.

## RETURN OF A DEATH.

To the Clerk of the City or Town in which the Death occurred.

1. Date of Death, . . .	March 29 <sup>th</sup> 1896
2. Name, . . . . .	Ellen Brn. Sargent
(Maiden Name), * . . .	—
(Name of Husband), * . .	—
3. Sex, and whether single, Married, or Widowed,	Male
4. Color, † . . . . .	White
5. Age, . . . . .	—
(Disease or Cause of Death, (Primary and Secondary), †)	14 of Double
6. Duration of Sickness, . . . . .	Wintering, Mass
(By whom certified, . . . . .)	—
7. Residence, . . . . .	Rivers Street
8. Occupation, . . . . .	" "
9. Place of Death, . . . . .	William B. Smith
10. Place of Birth, . . . . .	Edith Morgan
11. Name of Father, . . . . .	John B. Sargent
12. Name of Mother, . . . . .	Margaret M. Sargent
(Maiden Name), . . . . .	Wentworth Sargent
13. Birthplace of Father, . . . . .	—
14. Birthplace of Mother, . . . . .	—
15. Place of Interment, . . . . .	—
Signature of Undertaker <del>or other person making the Return,</del> . . . . .	Sumner Floyd

DATED at Wentworth, on March 29 1896\* If a Married Woman or Widow, † If a Soldier who served in the War of the Rebellion.  
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. Dec., 1895.—5,000.



*[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]*

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

## RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	April 5 <sup>th</sup> 1895		
2. Name, . . . . . (Maiden Name), * . . . (Name of Husband), * . . .	Lizzie L. Thompson		
3. Sex, and whether single, Married, or Widowed,	Married		
4. Color, † . . . . .	White		
5. Age, . . . . .	32 Years,	13 Months,	8 Days.
6. Duration of Sickmess, . . . (Disease or Cause of Death, (Primary and Secondary), † . . . (By whom certified, . . . . .	12 hours Ed. C. G. Johnson Physician		
7. Residence, . . . . .	"		
8. Occupation, . . . . .	"		
9. Place of Death, . . . . .	Home - L. Thompson		
10. Place of Birth, . . . . .	John H. Williams		
11. Name of Father, . . . . .	Susan B. Gross		
12. Name of Mother, . . . . . (Maiden Name), . . . . .	Toussaint - Coffey		
13. Birthplace of Father, . . . . .	"		
14. Birthplace of Mother, . . . . .	Christ Church Cemetery		
15. Place of Interment, . . . . .	Summer Floyd		
Signature of Undertaker <del>as called upon</del> making the Return, . . . . .			

DATED at Winthrop, on April 7<sup>th</sup> 1895

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
 † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

(Be very particular to fill all Blanks.)

4  
Hess' Hall  
[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 26]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or the physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\*

Lizzie G. Thomp.

Age, 32-3-8.

Date and Place of Death,†

died at Winthrop (Pleasant St) April 5 " 1896,

Disease or Cause of Death, -

of

(Primary and Secondary.)‡

Eclampsia  
(Rapid Convulsive Motions)

Duration of Sickness, -

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician,

J. G. Gahwori M.D.

Date of Certificate,

Apr 7 1896.

\* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.  
Plate. Ed. October, 1895. — 5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.



## RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . . . .
2. Name, . . . . .  
(Maiden Name),\* . . . . .  
(Name of Husband),\* . . . . .
3. Sex, and whether single,  
Married, or Widowed, . . . . .
4. Color,† . . . . .
5. Age, . . . . .  
Years, ~ Months, ~ Days.
6. Duration of Sickness, . . . . .  
(Disease or Cause of Death,  
(Primary and Secondary),† . . . . .  
(By whom certified, . . . . .
7. Residence, . . . . .
8. Occupation, . . . . .
9. Place of Death, . . . . .
10. Place of Birth, . . . . .
11. Name of Father, . . . . .
12. Name of Mother, . . . . .  
(Maiden Name), . . . . .
13. Birthplace of Father, . . . . .
14. Birthplace of Mother, . . . . .
15. Place of Interment, . . . . .

Signature of Undertaker  
or other ~~person~~ making  
the Return, . . . . .DATED at Simsbury, on April 29 1890\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]



1782  
[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]

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SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or a physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

3000

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\* *Alice G. Legg* Age, *35 yrs*

Date and Place of Death,† - died at *Winthrop (Beach Road) Apr. 9th 1896,*

Disease or Cause of Death, - of *Tuberculosis*  
(Primary and Secondary.)‡

Duration of Sickness, - *About 18 months*

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician, *Albert B. Dorman M.D.*

Date of Certificate, *April 12th 1896.*

\* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.  
Plate. Ed. October, 1895. — 5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

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## RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	April 12 <sup>th</sup> 1896
2. Name, . . . . .	Edward Douglas
(Maiden Name), *	—
(Name of Husband), *	—
3. Sex, and whethersingle, Married, or Widowed,	Male Married
4. Color, † . . . . .	White
5. Age, . . . . .	76
	Years, — Months, — Days.
Disease or Cause of Death, (Primary and Secondary), †	Trauma
6. Duration of Sickness, .	—
(By whom certified, .	Walter M. —
7. Residence, . . . . .	High St. —
8. Occupation, . . . . .	Ship Builder
9. Place of Death, . . . . .	Putnam Place —
10. Place of Birth, . . . . .	St. John's —
11. Name of Father, . . . . .	John —
12. Name of Mother, . . . . .	Anna —
(Maiden Name),	St. John's —
13. Birthplace of Father, .	St. John's —
14. Birthplace of Mother, .	St. John's —
15. Place of Interment, .	Putnam Place —
Signature of Undertaker <del>the Return,</del> making	Summer Day
DATED at	April 12 1896

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
 † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

151  
D. B. 1888  
June

[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

Board of Health =  
D. B. 1888

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\*

Edward Douglas

Age, 76 yrs

Date and Place of Death,† -

died at Winthrop (Putnam St) Apr 12 1896,

Disease or Cause of Death, -

of Heart Disease

(Primary and Secondary.)‡

Duration of Sickness, -

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician, ..

Horace J. Soule M.D.

Date of Certificate, ..

April 14<sup>th</sup>

1896 .

\* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.  
Plate. Ed. October, 1895. — 5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.



[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

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## RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	April 13 " 1896		
2. Name, . . . . . (Maiden Name) *, . . .	Catharine L. Mason		
(Name of Husband) *, . . .	Female		
3. Sex, and whether single, Married, or Widowed,	Single		
4. Color, † . . . . .	White		
5. Age, . . . . .	63	Years,	Months, Days.
6. Disease or Cause of Death, (Primary and Secondary), † Duration of Sickness, . . . (By whom certified, . . .	Heart Disease		
7. Residence, . . . . .	Shaker Street		
8. Occupation, . . . . .	Vendor		
9. Place of Death, . . . . .	Unknown		
10. Place of Birth, . . . . .	Unknown		
11. Name of Father, . . . . .	Unknown		
12. Name of Mother, . . . . . (Maiden Name), . . . . .	Unknown		
13. Birthplace of Father, . . . . .	Unknown		
14. Birthplace of Mother, . . . . .	Hingham, County		
15. Place of Interment, . . . . .	Swanton Chapel		
Signature of Undertaker or other person making the Return, . . . . .			
Dated at		Swanton,	on April 13 1896

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
 ‡ If other than White. (M.) Mulatto. (I.) Indian. If of other races, specify what.

[Be very particular to fill all Blanks.]

[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]

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Burying - 10, 5<sup>th</sup>  
10-1

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\* *Catharine L. Mason* Age, *63 yrs.*  
Date and Place of Death,† - died at *Winthrop (Shirley St) April 13<sup>th</sup> 1896,*  
Disease or Cause of Death, - of *Cancer of Liver -*  
(Primary and Secondary.)‡ *About one year*  
Duration of Sickness, - -

*I certify that the above is true, to the best of my knowledge and belief.*

Signature and Residence of Certifying Physician,

*J. E. Johnson M.D.*

Date of Certificate,

*Apr 15 1896.*

\* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.  
Plate. Ed. October, 1895. — 5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.

*[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]*

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

## RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . . . .
2. Name, . . . . .  
(Maiden Name), \*  
(Name of Husband), \*
3. Sex, and whether single,  
Married, or Widowed,
4. Color, † . . . . .
5. Age, . . . . .
- (Disease or Cause of Death,  
(Primary and Secondary), ‡
6. Duration of Sickness, .  
(By whom certified, .
7. Residence, . . . . .
8. Occupation, . . . . .
9. Place of Death, . . . . .
10. Place of Birth, . . . . .
11. Name of Father, . . . . .
12. Name of Mother, . . . . .  
(Maiden Name),
13. Birthplace of Father, . . . . .
14. Birthplace of Mother, . . . . .
15. Place of Interment, . . . . .

Signature of Undertaker  
or other person making  
the Return, . . . . .

DATED at

, ON

18 .

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]



[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

## RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	April 25 <sup>th</sup> 1896		
2. Name, . . . . .	John Owen McEneaney		
(Maiden Name)*, . .			
(Name of Husband) *, .	Mabel		
3. Sex, and whether single, Married, or Widowed,	Married		
4. Color, † . . . . .	White		
5. Age, . . . . .	72 Years, 10 Months, 3 Days.		
(Disease or Cause of Death, (Primary and Secondary), †	Hareless Fever		
6. Duration of Sickness, . (By whom certified, .	Dr. J. P. McEneaney		
7. Residence, . . . . .	Hartford		
8. Occupation, . . . . .	Farmer		
9. Place of Death, . . . .	Hartford		
10. Place of Birth, . . . .	Hartford		
11. Name of Father, . . . .	John Owen McEneaney		
12. Name of Mother, . . . . (Maiden Name),	Mabel		
13. Birthplace of Father, . .	Hartford		
14. Birthplace of Mother, . .	Hartford		
15. Place of Interment, . .	Hartford		
Signature of Undertaker or other person making the Return, . . . . .	John Owen McEneaney		
DATED at	Hartford	, on	April 25 <sup>th</sup> 1896

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
† If other than White. (M.) Minto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

Vol. 12

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\*

John Q. Mc Lowan Age, 72y. 10m. 5d.

Date and Place of Death,†

died at Wintthrop, Mass. Apr. 25<sup>th</sup> 1896,

Disease or Cause of Death, -

of Cancer

(Primary and Secondary.)‡

Duration of Sickness, -

18 Mos.

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician,

Albert B. Dorman M.D.  
Chairman Board of Health

Date of Certificate,

Apr. 26<sup>th</sup> 1896.

\* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.  
Plate. Ed. October, 1895. — 5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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# RETURN OF A DEATH. To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . . . .
2. Name, . . . . .  
(Maiden Name), \* . . . .  
(Name of Husband), \* . . . .
3. Sex, and whether single,  
Married, or Widowed,
4. Color, † . . . . .
5. Age, . . . . .  
Years, Months, Days.
6. Duration of Sickness, . . . . .  
(By whom certified, . . . . .)
7. Residence, . . . . .
8. Occupation, . . . . .
9. Place of Death, . . . . .
10. Place of Birth, . . . . .
11. Name of Father, . . . . .
12. Name of Mother, . . . . .  
(Maiden Name), . . . . .
13. Birthplace of Father, . . . . .
14. Birthplace of Mother, . . . . .
15. Place of Interment, . . . . .

Signature of Undertaker  
~~whether person~~ making  
the Return, . . . . .

DATED at

, on

189.

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]



*[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]*

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

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*2000*

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\* *Arthur H. McLaughlin* Age, *27*  
Date and Place of Death,† - died at *Richmond* *May, 21* 189*6*,  
Disease or Cause of Death, - of *Cerebral apoplexy (Heart Disease)*  
(Primary and Secondary.)‡  
Duration of Sickness, - *about two weeks*

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician, *Horace J. Jorile M.D.*

Date of Certificate, *Nov 1st* 189*6*.

\* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.  
Plate. Ed. October, 1895. — 5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.

*[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]*

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## RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	May 8 <sup>th</sup> 1896
2. Name, . . . . .	Diantha Moody
(Maiden Name), *	Kennedy
(Name of Husband), *	William H. H.
3. Sex, and whether single, Married, or Widowed,	Female
4. Color, †	White
5. Age, . . . . .	68 Years, 7 Months, 2 Days.
(Disease or Cause of Death, (Primary and Secondary), †	Dr. Johnson
6. Duration of Sickness, . (By whom certified,	Winthrop Grace
7. Residence, . . . . .	
8. Occupation, . . . . .	
9. Place of Death, . . . . .	Main Street
10. Place of Birth, . . . . .	Edmonton, N. H.
11. Name of Father, . . . . .	James Kennedy
12. Name of Mother, . . . . . (Maiden Name),	Phoebe Robb
13. Birthplace of Father, . . . . .	Edmonton, N. H.
14. Birthplace of Mother, . . . . .	Edmonton, N. H.
15. Place of Interment, . . . . .	St. Peter's Cemetery
Signature of Undertaker or other person making the Return,	Sumner, Royal
DATED at, <i>Winthrop</i> , on <i>May 8</i> , 18 <i>96</i>	

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
 ‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

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2000

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\*

Die the Hardy

Age,

8-1-2

Date and Place of Death,† - died at

Winthrop, Mass

May 8

1896.

Disease or Cause of Death, - of  
(Primary and Secondary.)‡

Pneumonia

Duration of Sickness, - -

Five days

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician,

E. Johnson M.D.

Date of Certificate,

May 11

1896.

\* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.  
Plate. Ed. October, 1895.—5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.



[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893 Chapter 263.*]

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UNDERTAKER'S RETURN.—Boston.  
PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, May 9<sup>th</sup> 1896

Name and age of deceased: ..... Age . . . yrs. . . mos. . . dys.

Date and place of death: Frank Winterop May 8<sup>th</sup>

Disease or cause of death: Still born

Duration of disease:\*

I certify that the above is true, to the best of my knowledge and belief.

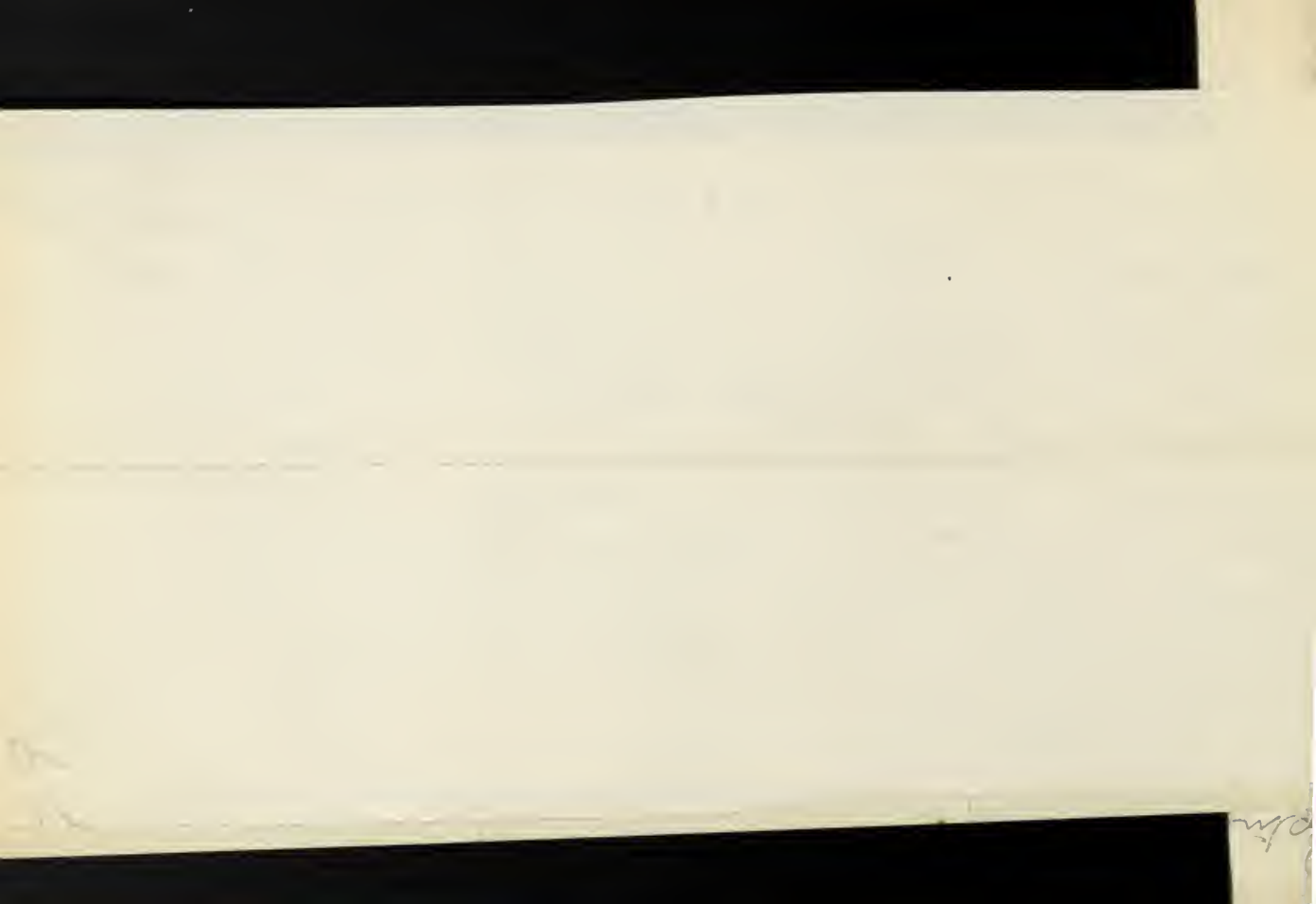
Name and residence }  
of physician. }

Francis A. Adams M D  
Med Exam

\*It is very desirable to be informed of the duration of the disease.

The office of the Board of Health will be open for the granting of permits for burial, as follows:— Saturdays, 9 A. M. till 2 P. M.; Sundays, 10 A. M. till 12 M.; Holidays, from 10 A. M. till 12 M.; other days, from 9 A. M. till 5 P. M.

Wm. Winterop



## RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	May 11 " 1896		
2. Name, . . . . .	Charles A. Sewberry		
(Maiden Name), *			
(Name of Husband), *			
3. Sex, and whether single, Married, or Widowed,	Male Married		
4. Color, † . . . . .	White		
5. Age, . . . . .	54 Years,	( ) Months,	14 Days.
Disease or Cause of Death, (Primary and Secondary), †	Di B C / Cleary		
6. Duration of Sickmess, . (By whom certified, .	Winthrop Mason Real Estate		
7. Residence, . . . . .	Pleasant Street		
8. Occupation, . . . . .	Winthrop		
9. Place of Death, . . . . .	James		
10. Place of Birth, . . . . .	Anna E. Marsh		
11. Name of Father, . . . . .	<del>Winthrop</del> , Chelsea		
12. Name of Mother, . . . . . (Maiden Name),	Gloucester Mass		
13. Birthplace of Father, . . . . .	Winthrop Cemetery		
14. Birthplace of Mother, . . . . .	Summer Floyd		
15. Place of Interment, . . . . .			
Signature of Undertaker <del>with proper acknowledgment</del> the Return, . . . . .	} Winthrop, on May 12 1896		

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
 † If other than White. (M.) Mulatto. (I.) Indian. If of other races, specify what.

[Be very particular to fill all blanks.]

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physieian who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deccased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physieian who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physieian refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physieian, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physieian, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certifieate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

*Wm. J. Carter*

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\*

Charles O. Tewksbury

Age, 54

Date and Place of Death,†

died at Winthrop (Pleasant St) May 11 1896,

Disease or Cause of Death, -  
(Primary and Secondary.)‡

of intestinal ulceration

Duration of Sickness, -

under my care 5 months

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician,

B. C. Kelsoy M.D. 79 Warren St

Rotbury Mass

Date of Certificate,

May 13th

189

\* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.  
Plate. Ed. October, 1895. — 5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.



[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

## RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	May 18 <sup>th</sup> 1896
2. Name, . . . . . (Maiden Name),* (Name of Husband),*	Jeanette M. Davis " " Wallace George Davis Female wed
3. Sex, and whether single, Married, or Widowed,	"
4. Color, † . . . . .	White
5. Age, . . . . .	63 Years, 9 Months, 17 Days.
Disease or Cause of Death, (Primary and Secondary), †	Grippe & Heart Disease
6. Duration of Sickness, . (By whom certified, .	" 3 weeks " unknown S. W. Druggie M.D.
7. Residence, . . . . .	Boston
8. Occupation, . . . . .	
9. Place of Death, . . . . .	Winthrops
10. Place of Birth, . . . . .	New Bedford
11. Name of Father, . . . . .	John D. F. Wallace
12. Name of Mother, (Maiden Name), . . . . .	Jeanette M. Morse
13. Birthplace of Father, . . . . .	Scotland
14. Birthplace of Mother, . . . . .	Boston
15. Place of Interment, . . . . .	Forest Hills
Signature of Undertaker or other person making the Return, . . . . .	Summer Floyd
DATED at Winthrop, . . . . ., on	May 19, 1896

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.

† If other than White, (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\* .. Jeannette M. Davis .. Age, 63-9-19  
Date and Place of Death,† - died at Winthrop May 18<sup>th</sup> 1896,  
Disease or Cause of Death, - of .. Grippe and Heart Disease ..  
(Primary and Secondary.)‡  
Duration of Sickness, - - - " 3 weeks " " unknown

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician, S. H. Druggie, 175 Newbury St Boston  
Date of Certificate, May 19<sup>th</sup> 1896.

\* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.  
Plate. Ed. October, 1895. — 5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.

*[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]*

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.



## RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	May 26 <sup>th</sup> 1896
2. Name, . . . . .	Daniel H. Morgan
(Maiden Name), *	
(Name of Husband), *	
3. Sex, and whether single, Married, or Widowed,	Male
4. Color, † . . . . .	White
5. Age, . . . . .	6 Years, 3 Months, 19 Days.
(Disease or Cause of Death, (Primary and Secondary), †	Diphtheria
6. Duration of Sicknes, .	2 <sup>nd</sup> Woman
(By whom certified, .	Hunting Street
7. Residence, . . . . .	1 Reed Street
8. Occupation, . . . . .	Cock Boston
9. Place of Death, . . .	Charles Morgan
10. Place of Birth, . . .	Mary Jane Stigher
11. Name of Father, . . .	England
12. Name of Mother, . . .	England
(Maiden Name), . . .	England
13. Birthplace of Father, .	England
11. Birthplace of Mother, .	England
15. Place of Interment, .	Gravesend
Signature of Undertaker <del>and</del> making the Return, . . . . .	Danvers
DATED at	on May 26 <sup>th</sup> 1896

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
 † If other than White. (L.) Mulatto. (M.) Indian. If of other Races, specify what

[Be very particular to fill all Blanks.]



*[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]*

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\* Thomas H. Morgan Age, 6-3-19  
Date and Place of Death,† - died at Wintthrop (Read Street) May 26<sup>th</sup> 1896,  
Disease or Cause of Death, - of Diphtheria  
(Primary and Secondary.)‡  
Duration of Sickness, - Fourteen days

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician,

Albert B. Dorman, M.D.

Date of Certificate,

June May 27<sup>th</sup> 1896.

\* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.  
Plate. Ed. October, 1895. — 5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.

*[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]*

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

## RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	May 27 <sup>th</sup> 1896
2. Name, . . . . .	Thomas H. Whitaker
(Maiden Name)*, . . .	—
(Name of Husband), *	Wife
3. Sex, and whether single, Married, or Widowed,	Married
4. Color, † . . . . .	White
5. Age, . . . . .	33 Years, ~ Months, ~ Days.
Disease or Cause of Death, (Primary and Secondary), †	Dr. J. J. Lule
6. Duration of Sickness, . . . . .	24
(By whom certified, . . . . .)	Leah
7. Residence, . . . . .	24th Street
8. Occupation, . . . . .	Laundry
9. Place of Death, . . . . .	Wentworth Street
10. Place of Birth, . . . . .	England
11. Name of Father, . . . . .	Thomas H.
12. Name of Mother, . . . . .	Leah
(Maiden Name), . . . . .	England
13. Birthplace of Father, . . . . .	England
14. Birthplace of Mother, . . . . .	Wentworth, England
15. Place of Interment, . . . . .	Wentworth
Signature of Undertaker	Leah
<del>Another person</del> making the Return, . . . . .	Leah

DATED at Wentworth, on May 27<sup>th</sup> 1896

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races/specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

*10-1-1893*

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\* Thomas W. Whitater Age, 33 years  
Date and Place of Death,† - died at Winthrop (Winthrop, S.) May 27 1896,  
Disease or Cause of Death, - of Cerebral Apoplexy  
(Primary and Secondary.)‡  
Duration of Sickness, - - - - - 3 or 4 weeks

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician, Horace J. Gould M. D. Winthrop Me.

Date of Certificate, May 29 1896.

\* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.



*[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]*

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

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PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, May 31 1896  
Name and age of deceased: Mary Connelly Age        yrs.        mos.        dys.  
Date and place of death: May 31 Cor. Waverly Ave + Shirley St.  
Disease or cause of death: Asthma, Heart Disease, Ordema  
of lungs  
Duration of disease: \*       

I certify that the above is true, to the best of my knowledge and belief.

Name and residence  
of physician. }

Saml E. Millerick M. D.  
278 Huntington St

\* It is very desirable to be informed of the duration of the disease.

The office of the Board of Health will be open for the granting of permits for burial, as follows:—Saturdays, 9 A. M. till 2 P. M.; Sundays, 10 A. M. till 12 M.; Holidays, from 10 A. M. till 12 M.; other days, from 9 A. M. till 5 P. M.



# UNDERTAKER'S RETURN.—Boston.

Date of death, May 31 1896 Name, Mary Connelly  
Maiden name, \* O'Neil Sex, F.  
Married, single, or widow of Patrick wife of —  
Color, W. Age, 60 years, — mos., — days. Residence, Cor. of Wave Way Ave + Shirley St.  
Place of death (street and number), Cor. of Wave Way Ave + Shirley St. ward —  
Place of birth, Ireland Occupation, at home  
Name of father, Unknown Maiden name of mother, Unknown  
Birthplace of father, Ireland Birthplace of mother, Ireland  
Place of interment, † Calvary

\* If a married woman or a widow.

† Give the name of the burial ground.

Signature of Undertaker:

L. P. Linnahan

Flowers etc.

12 m.

## RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . . 8<sup>th</sup> 1896  
 2. Name, . . . . . DEER Mr. Hayden  
 (Maiden Name),\* . . .  
 (Name of Husband),\* . . .  
 3. Sex, and whether single, . . . Male  
 Married, or Widowed, . . . Married  
 4. Color, † . . . . . White  
 5. Age, . . . . . 49 Years, 1 Months, 8 Days.  
 Disease or Cause of Death, . . . Dysentery  
 (Primary and Secondary), ‡ . . .  
 6. Duration of Sickness, . . .  
 (By whom certified, . . .  
 7. Residence, . . . . . North River  
 8. Occupation, . . . . . Builder  
 9. Place of Death, . . . . . Main Street  
 10. Place of Birth, . . . . . Apr. 1845  
 11. Name of Father, . . . . . Thomas  
 12. Name of Mother, . . . . . Elizabeth Smith  
 (Maiden Name), . . . . .  
 13. Birthplace of Father, . . . . . Apr. 1845  
 14. Birthplace of Mother, . . . . .  
 15. Place of Internment, . . . . .  
 Signature of Undertaker } Sumner Floyd  
~~another person making~~  
 the Return, . . . . .

DATED at Northbrook, on June 4<sup>th</sup> 1896

\* If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion.  
 † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.



*[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]*

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give by the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

# PHYSICIAN'S CERTIFICATE.

Time and Age of Deceased,\* *Perce W. Hayden* Age, *49-1-8*  
Date and Place of Death,† - died at *Winthrop, June 2* 189*6*,  
Disease or Cause of Death, - of *suicide by vital shot through*  
(Primary and Secondary.)‡  
Duration of Sickness, - *none*

*I certify that the above is true, to the best of my knowledge and belief.*

Signature and Residence of Certifying Physician,

*E. C. Johnson, M.D.*

Date of Certificate, ...

*June 7* 189*6*.

\* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.  
Plate. Ed. October, 1895. — 5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

TO THE BOARD OF HEALTH.

[Fill out with ink.]

Date of Death, *June 12<sup>th</sup> 1896.*  
 Name, *Nellie Randal Stearns*  
 Maiden Name, { If a married woman }  
 If Married Woman, { Husband's Name, } *Nellie A. Randal*  
 Sex, and whether ~~Single~~, Married or Widowed,  
 Color, *W* Age, *23* Years, *7* Months, Days.  
 Residence (St. and No.), *Shirley Ave. Winthrop*  
 Occupation, *Housewife*  
 Birthplace, *Lowell, Mass.*  
 Name of Father, *Edward L. Randal*  
 Name of Mother, *Emily Hall*  
 Birthplace of Father,

" " Mother,

Place of Interment, *Forest Hills Cem.*

Signature of Undertaker or other person making the return.

*G. St. Fernald*  
 Undertaker

*Chelsea, Mass., June 12<sup>th</sup> 1896*

PHYSICIAN'S CERTIFICATE.

Name of Deceased, *Nellie Randal Stearns.*  
 Date and Place of Death, *June 12<sup>th</sup> 1896. Winthrop*

Disease or Cause of Death, { *Pneumonia acute*

Duration of Sicknes, *three months*

I certify that the above is true, to the best of my knowledge and belief.

*George A. Miles*

Physician.

Date of Certificate, *June 12 1896*



# UNDERTAKER'S RETURN.—Boston.

## PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

*Boston* *July 6th* 189*6*  
Name and age of deceased: *Catherine A E Dwyer* Age *18* yrs. *5* mos. *8* dys.  
Date and place of death: *Sea Foam Ave Winthrop*  
Disease or cause of death: *Bright's Disease of Kidneys*

Duration of disease: \* *3 Months*

I certify that the above is true, to the best of my knowledge and belief.

Name and residence  
of physician. }

*J. A. McDonald* M. D.

\*It is very desirable to be informed of the duration of the disease.

The office of the Board of Health will be open for the granting of permits for burial, as follows:—Saturdays, 9 A. M. till 2 P. M.; Sundays, 10 A. M. till 12 M.; Holidays, from 10 A. M. till 12 M.; other days, from 9 A. M. till 5 P. M.

*Dorchester Mass*



Long

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\* George Brown Age, 64 yrs  
Date and Place of Death,† - died at Wintthrop Beach July 7<sup>th</sup>, 1898,  
Disease or Cause of Death, - of Coronary Thrombosis (Apoplexy)  
(Primary and Secondary)‡  
Duration of Sickness, - Twenty-six hours

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician, E. H. Gay Wintthrop

Date of Certificate, July 7<sup>th</sup>, 1898.

\* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.  
Plate. Ed. October, 1895. — 5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

## RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .
2. Name, . . . . .  
(Maiden Name)\*,  
(Name of Husband), †,
3. Sex, and whether single,  
Married, or Widowed,
4. Color, ‡ . . . . .
5. Age, . . . . .
- (Disease or Cause of Death,  
(Primary and Secondary), ‡
6. Duration of Sickmess, .  
(By whom certified, .
7. Residence, . . . . .
8. Occupation, . . . . .
9. Place of Death, . . . . .
10. Place of Birth, . . . . .
11. Name of Father, . . . . .
12. Name of Mother, . . . . .  
(Maiden Name),
13. Birthplace of Father, . . . . .
14. Birthplace of Mother, . . . . .
15. Place of Interment, . . . . .

Signature of Undertaker  
~~whether~~ ~~person~~ making  
the Return, . . . . .

DATED at

,

on

1890

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

*[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]*

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\*

James A Jordan

Age, 40 yrs

Date and Place of Death,†

died at ... Terry Beach ...

1896

Disease or Cause of Death, -  
(Primary and Secondary.)‡

of Bright's Disease of Kidneys

Duration of Sickness, -

Three weeks

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician,

Edward F. Gage, Westport, Maine

Date of Certificate,

Aug 3

1896

\* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.



[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

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## RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . . July 8<sup>th</sup> 1896  
 2. Name, . . . George Brown  
 (Maiden Name),\* . . .  
 (Name of Husband),\* . . .  
 3. Sex, and whether single, Married, or Widowed, . . . Married  
 4. Color,† . . . white.  
 5. Age, . . . 63 Years, 11 Months, 8 Days.  
 Disease or Cause of Death, (Primary and Secondary),† . . . Apoplexy  
 Duration of Sickness, . . . 2 days  
 (By whom certified, . . . Dr. Gager  
 Winthrop  
 6. Occupation, . . . gentleman.  
 7. Residence, . . . Winthrop.  
 8. Place of Death, . . .  
 9. Place of Birth, . . . Brooklyn, Conn.  
 10. Name of Father, . . . James Brown  
 11. Name of Mother, . . . Emily Pulman  
 (Maiden Name), . . .  
 12. Birthplace of Father, . . . Brooklyn, Ct.  
 13. Birthplace of Mother, . . . Brooklyn, Ct.  
 14. Place of Interment, . . . Brooklyn, Conn.  
 15.

Signature of Undertaker  
~~not in making~~  
 the Return, . . .

~~George J. Brown~~  
 Sumner Floyd

DATED at Winthrop, on July 8<sup>th</sup> 1896

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
 † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

No.

## RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .
2. Name, . . . . .  
(Maiden Name)\*,  
(Name of Husband),\*.
3. Sex, and whether single,  
Married, or Widowed,
4. Color, † . . . . .
5. Age, . . . . .  
(Disease or Cause of Death,  
(Primary and Secondary), ‡
6. Duration of Sickness, .  
(By whom certified, .
7. Residence, . . . . .
8. Occupation, . . . . .
9. Place of Death, . . .
10. Place of Birth, . . .
11. Name of Father, . . .
12. Name of Mother, . . .  
(Maiden Name),
13. Birthplace of Father, .
14. Birthplace of Mother, .
15. Place of Interment, .

Signature of Undertaker  
~~and person~~ making  
 the Return, . . . . .

DATED at Winthrop, on July 16<sup>th</sup> 1896

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
 ‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

July 15<sup>th</sup> 96  
George Severy

Widowed  
white

62 Years, 7 Months, 25 Days.

5 years

Boston  
Gas Engineer  
Winthrop  
Boston

Amos Severy  
Susann Bennett  
Boston

Boston  
Mr Hope Emery

Summer Floyd

*[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 26]*

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.



# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\* George Seely Age, 62-7-25  
Date and Place of Death,† - died at Winthrop Mass July 15 1896,  
Daun Bar Avenue  
Disease or Cause of Death, - of Paralysis  
(Primary and Secondary.)‡  
Duration of Sickness, - Over four years

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician, Edward F. Gage

Date of Certificate, July 16 1896.

\* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.  
Plate. Ed. October, 1895.—5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.



[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

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## RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	July 19 <sup>th</sup> 1896
2. Name, . . . . .	Frank Kearney
(Maiden Name),* . .	
(Name of Husband),* .	Maie
3. Sex, and whether single, Married, or Widowed,	Male
4. Color,† . . . . .	White
5. Age, . . . . .	— Years, 6 Months, 17 Days.
(Disease or Cause of Death, (Primary and Secondary),‡	Acute Yellow
6. Duration of Sickness, .	17 Days
(By whom certified, . .	Dr. H. J. Allen
7. Residence, . . . . .	Franklin
8. Occupation, . . . . .	Farmer
9. Place of Death, . . .	His home
10. Place of Birth, . . .	Wendell, Vermont
11. Name of Father, . . .	Joseph Kearney
12. Name of Mother, . . .	Ann M. J. H.
(Maiden Name).	Ann M. J. H.
13. Birthplace of Father, .	Franklin, Vermont
14. Birthplace of Mother, .	Franklin, Vermont
15. Place of Interment, .	Franklin
Signature of Undertaker <del>or other person making</del> the Return, . . . . .	Sumner Day

DATED at

Franklin

, on

July 19

18

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
 ‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

*[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]*

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston,.....

July 26<sup>th</sup> 1896,

Name and age of deceased:.....

Mimi Morrison - Age..... yrs. 8 mos. 10 days

Date and place of death:.....

July 26<sup>th</sup> 1896, Winthrop Mass,  
2 Beal St.

Disease or cause of death:..

Primary Bronchitis, Secondary Cholera infantum  
complicated by Bronchitis and some Meningitis.

Duration of disease: \*.....

Unknown.

I certify that the above is true, to the best of my knowledge and belief.

Name and residence }.....

of physician. }

Frank H. Feltus, M. D.  
15 Princeton St.,

\* It is very desirable to be informed of the duration of the disease.

The office of the Board of Health will be open for the granting of permits for burial, as follows:—Saturdays, 9 A. M. till 2 P. M.; Sundays, 10 A. M. till 12 M.; Holidays, from 10 A. M. till 12 M.; other days, from 9 A. M. till 5 P. M.



# UNDERTAKER'S RETURN.—~~Boston~~

*Hinthrop*

Date of death,

*July 26<sup>th</sup>*

189*6*,

Name,

*Minnie Morrison*

Maiden name,\*

Sex,

*F*

Married, single, or widow of

*Single*

wife of

*\_\_\_\_\_*

Color,

*W*

Age,

*8* years,

*8* mos.,

*10* days.

Residence,

*Hinthrop Mass.*

Place of death (street and number),

*Beal St*

ward

*\_\_\_\_\_*

Place of birth,

*E Boston*

Occupation,

*Fireman*

Name of father,

*C. Henry*

Maiden name of mother,

*Ellie J. Barry*

Birthplace of father,

*E. Boston*

Birthplace of mother,

*Boston*

Place of interment,†

*Old Cambridge*

\* If a married woman or a widow.

† Give the name of the burial ground.

Signature of Undertaker:

*Frank S. Maloney*





## RETURN OF A DEATH.

To the Clerk of the Town in which ~~the~~ Death occurred.

July ~~25~~<sup>26</sup> 1896  
 John A. Vieira ~~Esq~~

1. Date of Death, . . . .

2. Name, . . . . .

(Maiden Name), \* . . . .

(Name of Husband), \* . . . .

3. Sex, and whether single,

Married, or Widowed,

4. Color, † . . . . .

5. Age, . . . . .

(Disease or Cause of Death,  
(Primary and Secondary), ‡

6. Duration of Sickness, . . . . .

(By whom certified,

7. Residence, . . . . .

8. Occupation, . . . . .

9. Place of Death, . . . . .

10. Place of Birth, . . . . .

11. Name of Father, . . . . .

12. Name of Mother, . . . .  
(Maiden Name),

13. Birthplace of Father, . . . . .

14. Birthplace of Mother, . . . . .

15. Place of Internment, . . . . .

Signature of Undertaker  
~~or other~~ person making  
 the Return, . . . . .

19 Years, 2 Months, ~ Days.

Dr. McMichael

Winthrop Mass

Buck, Major

Sunrise side River

Boston

Antony

Race

Fayal

Pick Pike Portugal

Holy Cross Maiden

Simon, Fayal

DATED at Winthrop, on July 26 " 1896

\* If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion.

† If other than White, (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\*

Frank A. Vierra

Age, 19-2~~4~~

Date and Place of Death,†

died at

Winthrop July ~~29~~<sup>30</sup><sup>th</sup> 1896,

Disease or Cause of Death, -

of

Epileptic Convulsions

(Primary and Secondary.)‡

Duration of Sickness, -

3 months.

I certify that the above is true, to the best of my knowledge and belief.

W. B. Updichau.

Signature and Residence of Certifying Physician,

Date of Certificate,

July 31

1896.

\* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.  
Plate. Ed. October, 1895. — 5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

# RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . . *August 2<sup>n</sup> 1896*  
 2. Name, . . . *Edwin M Bramhall*

(Maiden Name), \* . .  
 (Name of Husband), \* . .

3. Sex, and whether single,  
 Married, or Widowed,

4. Color, † . . .  
 5. Age, . . .

(Disease or Cause of Death,  
 (Primary and Secondary), †  
 6. Duration of Sickness, .

(By whom certified, . . .  
 7. Residence, . . .

8. Occupation, . . .  
 9. Place of Death, . . .

10. Place of Birth, . . .  
 11. Name of Father, . . .

12. Name of Mother, . . .  
 (Maiden Name),  
 13. Birthplace of Father, .

14. Birthplace of Mother, .  
 15. Place of Interment, .

Signature of Undertaker  
~~with whom making~~  
 the Return, . . .

DATED at *Winthrop*, on *Aug 3<sup>n</sup>* 18*96*

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
 † If other than White. (M.) Mulatto. (I.) Indian. If of other races, specify what.

[Be very particular to fill all Blanks.]



[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\*

Edwin M. Bramhall Age, 19 yr 11 mo

Date and Place of Death,† - died at

Winthrop, Mass Aug 2 1896,

Disease or Cause of Death, - of

(Primary and Secondary.)‡

Typhoid - enteric

Duration of Sickness, - -

4 weeks

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician,

A. E. Garrison, M.D.

Date of Certificate,

Aug 3 1896.

\* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.  
Plate. Ed. October, 1895.—5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

# PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

*Boston Aug 2 1896*  
Name and age of deceased: *Still Born Infant* Age *0* yrs. *0* mos. *0* dys.  
Date and place of death: *Aug 2*  
Disease or cause of death: *Still-born male infant*

Duration of disease: \* *0*

*I certify that the above is true, to the best of my knowledge and belief.*

Name and residence }  
of physician. } *Edward F. Page M. D.*

\*It is very desirable to be informed of the duration of the disease.

The office of the Board of Health will be open for the granting of permits for burial, as follows:—Saturdays, 9 A. M. till 2 P. M.; Sundays, 10 A. M. till 12 M.; Holidays, from 10 A. M. till 12 M.; other days, from 9 A. M. till 5 P. M.



# UNDERTAKER'S RETURN.—Boston.

Date of death, *Aug 2<sup>nd</sup> 1896* Name, *James Keenan*  
Maiden name,\* \_\_\_\_\_ Sex, *Male*  
Married, single, or ~~widow~~ of \_\_\_\_\_ wife of \_\_\_\_\_  
Color, *W* Age, *Still Born Infant* years, — mos., — days. Residence, *Cor Chest & Ocean Aves*  
Place of death (street and number), *Winthrop* ward \_\_\_\_\_  
Place of birth, *Winthrop* Occupation, *Wool Merchant*  
Name of father, *Patrick J.* Maiden name of mother, *Emma F. Gillespie*  
Birthplace of father, *Ireland* Birthplace of mother, *Boston*  
Place of interment,† *East Boston*

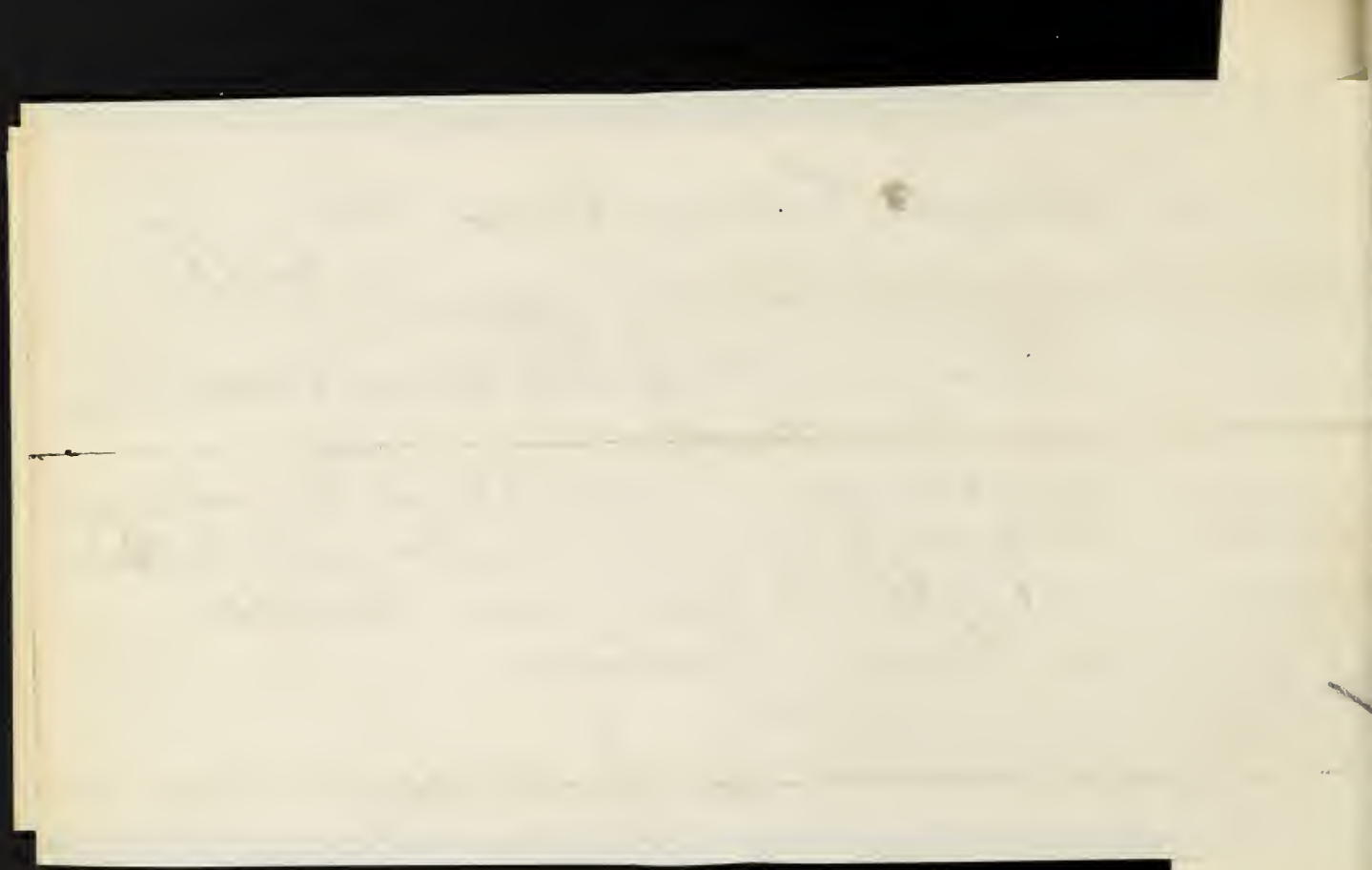
\*If a married woman or a widow.

†Give the name of the burial ground.

Signature of Undertaker:

*M. J. Kelly*





# RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . . August 3<sup>rd</sup> 1896  
 2. Name, . . . Mary F. M. C. Duane  
 (Maiden Name), \* . . Mary F. Burnmishay  
 (Name of Husband), \* . . John McQuade  
 3. Sex, and whether single, . . . Female  
 Married, or Widowed, . . . Widowed  
 4. Color, † . . . White  
 5. Age, . . . 60 Years, 3 Months, 6 Days.

(Disease or Cause of Death,  
 (Primary and Secondary), †  
 6. Duration of Sickness, .

(By whom certified, .

7. Residence, . . . Lowell Mass.

8. Occupation, . . . Winthrop Mass

9. Place of Death, . . . Boston, Mass.

10. Place of Birth, . . . English Burnmishay

11. Name of Father, . . . John Cherry

12. Name of Mother, . . . Ireland  
 (Maiden Name), . . . Ireland

13. Birthplace of Father, . . . Ireland

14. Birthplace of Mother, . . . Ireland

15. Place of Internment, . . . Lowell, Mass.

Signature of Undertaker  
 or other person making  
 the Return, . . . Sumner Floyd

DATED at ~~Lowell~~ Winthrop Mass., on Aug 3<sup>rd</sup> 1896

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
 † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate Ed. Jan. 1895. — 5,000.

Attest: I have examined the above and find it correct.  
 C. L. M. C. Duane 64 Type. 1896

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or a physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\* *Mary F. McQuade* Age, *60 yrs.*  
Date and Place of Death,† - died at *Hampton August 3<sup>rd</sup> 1896* *189*,  
Disease or Cause of Death, - of *Heart Failure*  
(Primary and Secondary.)‡  
Duration of Sickness, - -

*I certify that the above is true to the best of my knowledge and belief.*

Signature and Residence of Certifying Physician, *H. H. Briard - Ocean Spray Wintthrop Mass*  
Date of Certificate, *August 3* *1896*

\* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.  
Plate. Ed. October, 1895. — 5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

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# RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	October 28 <sup>th</sup> 1893
2. Name, . . . . . (Maiden Name), * . .	Arthur H. Mearns
(Name of Husband), * . .	
3. Sex, and whether single, Married, or Widowed,	Male
4. Color, † . . . . .	White
5. Age, . . . . .	24 Years, 3 Months, 3 Days.
(Disease or Cause of Death, Primary and Secondary), †	D. P. P.
6. Duration of Sickness, . . (By whom certified, . . .	Thomas P. P.
7. Residence, . . . . .	Thomas P. P.
8. Occupation, . . . . .	Thomas P. P.
9. Place of Death, . . . . .	" "
10. Place of Birth, . . . . .	" "
11. Name of Father, . . . . .	Arthur P. P.
12. Name of Mother, . . . . . (Maiden Name), . . . . .	Flora R. P. P.
13. Birthplace of Father, . . . . .	P. P. P.
14. Birthplace of Mother, . . . . .	P. P. P.
15. Place of Interment, . . . . .	P. P. P.
Signature of Undertaker <del>or other person making</del> the Return, . . . . .	Thomas P. P.
DATED at <u>Newbury</u> , on <u>October 28</u> , 18 <u>93</u> .	

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]



[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

# PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, ..... 189 .....

Name and age of deceased: Milton Simon ..... ~~Age~~ ..... yrs. 4 ..... mos. 27 dys.

Date and place of death: Aug 12 '96 Winthrop Beach .....

Disease or cause of death: Laminitis & Heat Exhaustion, following  
reported Cholera Infantum .....

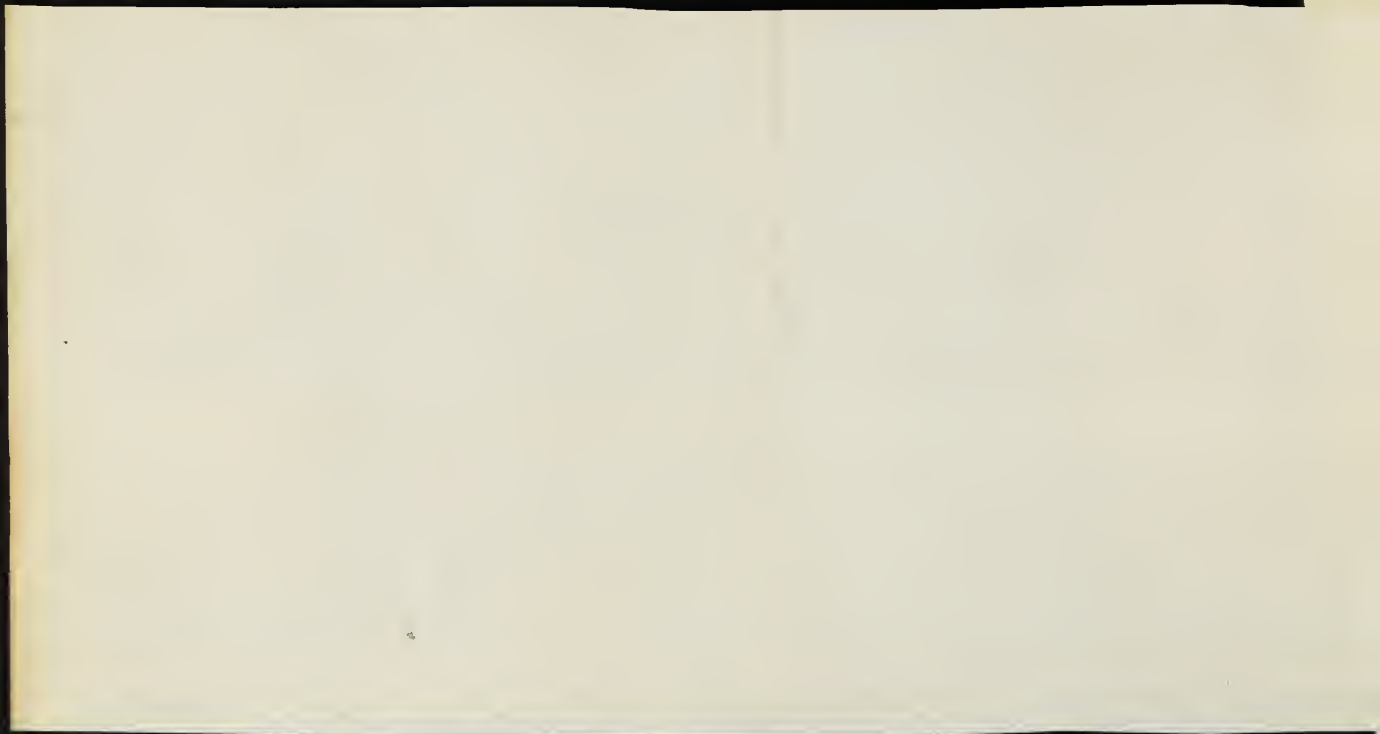
Duration of disease: \* Six weeks .....

I certify that the above is true, to the best of my knowledge and belief.

Name and residence } Edward T. Sayre ..... M. D.  
of physician. } #121 Beach Ave Winthrop

\*It is very desirable to be informed of the duration of the disease.

The office of the Board of Health will be open for the granting of permits for burial, as follows:—Saturdays, 9 A. M. till 2 P. M.; Sundays, 10 A. M. till 12 M.; Holidays, from 10 A. M. till 12 M.; other days, from 9 A. M. till 5 P. M.



# UNDERTAKER'S RETURN.—Boston.

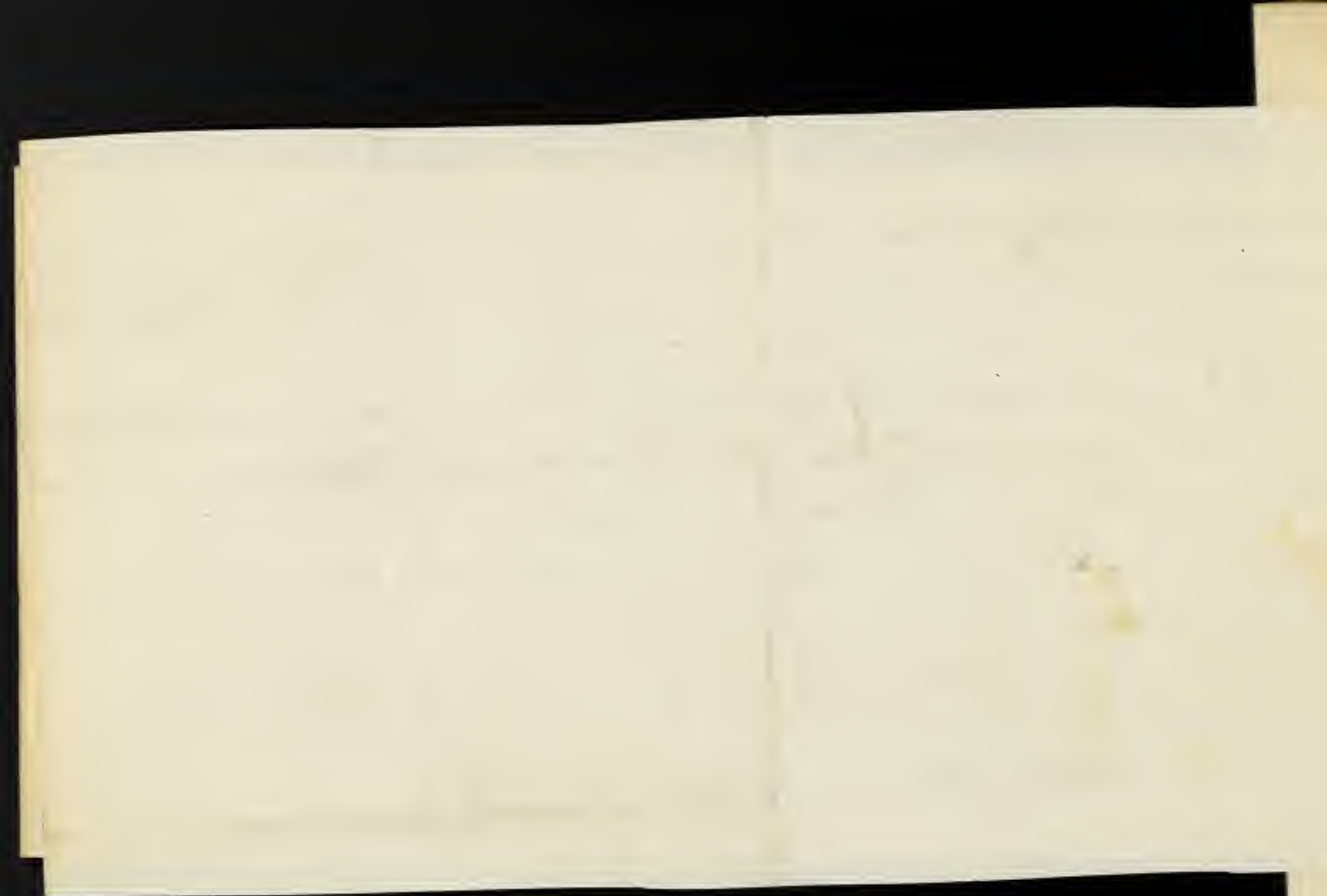
Date of death, Aug 12 1896 Name, Milton Simon  
 Maiden name, \* \_\_\_\_\_ Sex, Male  
 Married, single, or widow of \_\_\_\_\_ wife of \_\_\_\_\_  
 Color, W Age, X years, 4 mos., 27 days. Residence, 92 E. Brooklyn St-Boston  
 Place of death (street and number), Stung St-Winthope Mass  
 Place of birth, Boston Mass Occupation, \_\_\_\_\_  
 Name of father, Isaac Maiden name of mother, Bertha Heilman  
 Birthplace of father, Boston Birthplace of mother, N.Y. City  
 Place of interment, † Ohabei Shalom - East Boston Mass

\* If a married woman or a widow.

† Give the name of the burial ground.

Signature of Undertaker:

C. E. Remison



# RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	August 16 <sup>th</sup> 1896
2. Name, . . . . . (Maiden Name),* (Name of Husband),*	Eva Roddard Holmes
3. Sex, and whether single, Married, or Widowed,	Female
4. Color, † . . . . .	White
5. Age, . . . . .	1 Year, 8 <sup>2</sup> Months, 3 Days.
6. Disease or Cause of Death, (Primary and Secondary), ‡ Duration of Sickness, . (By whom certified, .	Melroe Mass
7. Residence, . . . . .	
8. Occupation, . . . . .	
9. Place of Death, . . . . .	
10. Place of Birth, . . . . .	Shirley St Ocean Spray Kempston Village N H,
11. Name of Father, . . . . .	Elmer F. Holmes
12. Name of Mother, . . . . . (Maiden Name),	Mattie S. Sumner
13. Birthplace of Father, . . . . .	Kempston Village N H,
14. Birthplace of Mother, . . . . .	Buckton Mass
15. Place of Interment, . . . . .	Thompson N. H.
Signature of Undertaker <del>not</del> making the Return, . . . . .	Summer. Floyd

DATED at Winthrop, on August 16 1896

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
‡ If other than White. (M.) Mulatto. (I.) Indian. If of other races, specify what.

[Be very particular to fill all Blanks.]



*[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 26]*

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or an agent or physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\*

Eva Gaddard Holmes

Age, 14 months.

Date and Place of Death,†

died at Winthrop Mass. August 16 1896,

Disease or Cause of Death, -  
(Primary and Secondary.)‡

of Cholera Infantum

Duration of Sickness, -

Five days.

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician,

H. W. Chain M.D. Chelsea Mass

Date of Certificate,

Aug 16

1896.

\* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.  
Plate. Ed. October, 1895. — 5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

## RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	August 20 <sup>th</sup> 1890
2. Name, . . .	Harriet C. Robinson
(Maiden Name), *	—
(Name of Husband), *	—
3. Sex, and whether single, Married, or Widowed,	Male
4. Color, † . . .	White
5. Age, . . .	Years, 25 Months, 25 Days.
(Disease or Cause of Death, (Primary and Secondary), †	Typhoid
6. Duration of Sickness, . . .	2 wks
(By whom certified, . . .	W. H. Brown
7. Residence, . . .	—
8. Occupation, . . .	—
9. Place of Death, . . .	—
10. Place of Birth, . . .	—
11. Name of Father, . . .	—
12. Name of Mother, . . .	—
(Maiden Name),	—
13. Birthplace of Father, . . .	—
14. Birthplace of Mother, . . .	—
15. Place of Internment, . . .	—
Signature of Undertaker <del>another person making</del> the Return, . . .	—
DATED at	—, on
	1890

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
 † If other than White. (M.) Mulatto. (I.) Indian. If of other races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

*Public Statutes  
Chapter 32  
Section 5*

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\* *Richard M. P. Smith* Age, *12 years*  
Date and Place of Death,† - died at *Smiths River 20<sup>th</sup> 1896* 1896,  
Disease or Cause of Death, - of *Cholera Infantis*  
(Primary and Secondary.)‡  
Duration of Sickness, - *Three days*

*I certify that the above is true, to the best of my knowledge and belief.*

Signature and Residence of Certifying Physician, *George S. Smith M.D. Smiths River*

Date of Certificate, *Aug 20<sup>th</sup>* 1896.

\* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.  
Plate. Ed. October, 1895. — 5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.



[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

## RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	August 23 <sup>rd</sup> 1896
2. Name, . . . . . (Maiden Name), * . . . (Name of Husband), * . . .	<del>Arthur W. [unclear]</del> — Cleveland
3. Sex, and whether single, Married, or Widowed,	Male
4. Color, † . . . . .	White
5. Age, . . . . .	5 Years, 8 Months, 9 Days.
Disease or Cause of Death, (Primary and Secondary), †	Heart Failure
6. Duration of Sickness, . . . (By whom certified, . . .)	William [unclear]
7. Residence, . . . . .	Littleton, Colo.
8. Occupation, . . . . .	Sanitary Engineer
9. Place of Death, . . . . .	William C. [unclear]
10. Place of Birth, . . . . .	Sioux Falls, S. D.
11. Name of Father, . . . . .	Edith
12. Name of Mother, . . . . . (Maiden Name), . . . . .	Charles
13. Birthplace of Father, . . . . .	Littleton, Colo.
14. Birthplace of Mother, . . . . .	William C. [unclear]
15. Place of Internment, . . . . .	William C. [unclear]
Signature of Undertaker <del>or other person making</del> the Return, . . . . .	William C. [unclear]

DATED at Littleton, on Aug 24<sup>th</sup> 1896.

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
 † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. Jan. 1895. — 5,000.

[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or a physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

4200  
David J. Quinn

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\* *Herbert B. Cleveland* Age, *5-8-9*  
Date and Place of Death,† - died at *Winthrop (Atlantic St)* Aug 23 " 1896,  
Disease or Cause of Death, - of *Gastro-enteritis, Cerebral meningitis*  
(Primary and Secondary.)‡  
Duration of Sickness, - - *Six days*

*I certify that the above is true, to the best of my knowledge and belief.*

Signature and Residence of Certifying Physician, *E. J. Harrison, M.D.*

Date of Certificate, *Aug 25* 1896.

Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

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## RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	August 24 <sup>th</sup> 1896		
2. Name, . . . . .	Peter J. Borcardt		
(Maiden Name)*, . . .	—		
(Name of Husband)*, . .	—		
3. Sex, and whether single, Married, or Widowed,	Male		
4. Color, † . . . . .	White		
5. Age, . . . . .	— Years,	6 Months,	— Days.
Disease or Cause of Death, (Primary and Secondary), †	—		
6. Duration of Sickness, . .	—		
(By whom certified, . . .	Dr. Johnson		
7. Residence, . . . . .	Winthrop Mass		
8. Occupation, . . . . .	Leyenwer, Amst		
9. Place of Death, . . . . .	Winthrop Mass		
10. Place of Birth, . . . . .	Peter J. Borcardt		
11. Name of Father, . . . .	Margaret Borcardt		
12. Name of Mother, . . . . (Maiden Name), . . . .	—		
13. Birthplace of Father, . .	—		
14. Birthplace of Mother, . .	—		
15. Place of Interment, . . .	—		
Signature of Undertaker or other person making the Return, . . . . .			
Dated at Winthrop, Mass, on August 25 <sup>th</sup> 1896			

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
 † If other than White. (M.) Mnlato. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]



[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\* *Peter J. Borchardt* Age, *6 mos*  
Date and Place of Death,† - died at *Winthrop (Lincoln Park) Aug 24 1896,*  
Disease or Cause of Death, - of *Cholera Infantum*  
(Primary and Secondary.)‡  
Duration of Sickness, - - *four days*

*I certify that the above is true, to the best of my knowledge and belief.*

Signature and Residence of Certifying Physician,

Date of Certificate, .....

*Aug. 25 1896.*

\* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.  
Plate. Ed. October, 1895.—5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.

[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

# PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

City of Cambridge, Aug. 28, 1896.  
Name of Deceased\* Elizabeth Hart Age 63 Years ..... Months ..... Days .....  
Place and Date of Death; Died at Wintrop Beach Street, August 28 1896  
Disease, or Cause of Death Asthma terminating in Heart Failure  
Duration of Disease.....

I certify that the above is true to the best of my knowledge and belief.

Signature of Physician Edward T. Eagle M. D.

Residence Chestnut St. Wintrop

Or Sex of Infant (not named).

The office of Board of Health will be open for the granting of permits for burial as follows: Saturdays, 8 A. M. till 2 P. M.; Sundays and Holidays, 12 M. till 1 P. M.; Other Days, from 8 A. M. till 4 P. M.

BE VERY CAREFUL TO FILL ALL BLANKS IN INK.

(OVER)

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*Extract from Section 1 of Chapter 306 of the  
Legislative Acts of 1888.*

A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

# UNDERTAKER'S RETURN OF A DEATH.

te of Death *August 28<sup>th</sup> 1896*

me of Deceased

*Elizabeth Hart*

(Maiden Name)\* *Simmons*

(Husband's Name) *George Hart*

x *F*

lor† *W*

ndition, (Single, Married, or Widowed) *W*

ge, *63* Years, *0* Months, *0* Days

cupation (if over 14 years old) *na*

Occupation (if under 1 year old) of Father

Residence *28 Gapey st Cambridge*

Place of Death *Wentworth Park Av*

Place of Birth *England*

Name of Father *Abraham Simmons*

Birthplace of Father *England*

MAIDEN Name of Mother *unknown*

Birthplace of Mother *England*

Place of Interment *West Roxbury*

Signature of Undertaker, or other  
person making the Return.

*Judson Litchfield*

umbridge, *August 28<sup>th</sup>* 189 *6*



—◆—

*Extract from Section 2 of Chapter 306 of the  
Legislative Acts of 1888.*

No undertaker, sexton, or other person shall bury in a city or town, or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent, or clerk, as the case may be, a satisfactory written statement, containing the facts required by this chapter, to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof, a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health, or any physician employed by a city or town for the purpose, shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or register for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death as the clerk or register

# RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	August 29, 1896
2. Name, . . . . . (Maiden Name) * . . . (Name of Husband) * . . .	Marquette Cook
3. Sex, and whether single, Married, or Widowed,	Female
4. Color, † . . . . .	White
5. Age, . . . . .	1 Years, 4 Months, 11 Days.
Disease or Cause of Death, (Primary and Secondary), †	In Labor
6. Duration of Sickness, . . . (By whom certified, . . .	Dr. J. J. Jones
7. Residence, . . . . .	Hamlet, Maine
8. Occupation, . . . . .	Reverend Mrs. Sheldon
9. Place of Death, . . . . .	Hamlet, Maine
10. Place of Birth, . . . . .	Sheldon, N. H.
11. Name of Father, . . . . .	Amey C. McDowell
12. Name of Mother, . . . . . (Maiden Name), . . . . .	Stallan, N. H.
13. Birthplace of Father, . . . . .	Sheldon, Maine
14. Birthplace of Mother, . . . . .	Sheldon, Maine
15. Place of Interment, . . . . .	Sheldon, Maine
Signature of Undertaker <del>or other person making</del> the Return, . . . . .	Sumner, (Signed)

DATED at Hamlet, on Aug 29 18 96.

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
† If other than White, (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

*[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]*

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\*

Margueritte Cook Age, 1-4-11

Date and Place of Death,† -

died at. Whitthrop (Wash Ave) Aug 29 1896

Disease or Cause of Death, -  
(Primary and Secondary.)‡

of Cholera Infantum

Duration of Sickness, - -

Months

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician,

Chas. H. Gay

Date of Certificate, Aug 30 1896

\* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.  
Plate. Ed. October, 1895.—5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.

*[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]*

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## RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . . .
2. Name, . . . . .  
(Maiden Name)\*, . . .  
(Name of Husband), †, . . .
3. Sex, and whether single,  
Married, or Widowed,
4. Color, ‡ . . . . .
5. Age, . . . . .
- (Disease or Cause of Death,  
(Primary and Secondary), ‡
6. Duration of Sickness, . . .  
(By whom certified, . . .
7. Residence, . . . . .
8. Occupation, . . . . .
9. Place of Death, . . . . .
10. Place of Birth, . . . . .
11. Name of Father, . . . . .
12. Name of Mother, . . . . .  
(Maiden Name), . . . . .
13. Birthplace of Father, . . . . .
14. Birthplace of Mother, . . . . .
15. Place of Interment, . . . . .

Signature of Undertaker  
~~or other person making~~  
 the Return, . . . . .

DATED at Andover, on Sept 14 1896

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
 ‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]



[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\* *Herbert Alvin Watts* Age, *14* *ds*  
Date and Place of Death,† - died at *Winthrop (Belcher St) September 4 1896,*  
Disease or Cause of Death, - of *Congenital Heart Disease*  
(Primary and Secondary.)‡  
Duration of Sickness, - *from birth (premature child)*  
I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician, *D. A. Brown 128 Lexington St. B.*

Date of Certificate, *Sept. 4* 189*6*.

\* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.  
Plate. Ed. October, 1895. — 5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

# RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

September 4<sup>th</sup> 1896  
Ladie May Roburin

Female

White

— Years, 9 Months, 16 Days.

Dr. Roburin

Washing, Mass

82 Pleasant Street

Wentbury, Mass

Edward A. Roburin

Alice E. Roburin

Married

Wentbury, Mass

Wentbury, Mass

Sumner, Mass

Signature of Undertaker  
~~the person making~~  
the Return,

DATED at Wentbury, on Sept 4 1896

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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1887-1893

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\*

Eadie May Robinson

Age, 9 Mos - 16 ds

Date and Place of Death,†

died at Winthrop (Pleasant St) Sept 4<sup>th</sup> 1896,

Disease or Cause of Death, - of  
(Primary and Secondary.)‡

Cholera Infantum

Duration of Sickness, - -

4 days

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician,

J. E. Johnson M.D.

Date of Certificate,

Sept 4 1896.

\* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.  
Plate. Ed. October, 1895. — 5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.



*[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]*

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

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# RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .
2. Name, . . . . .  
(Maiden Name)\*,  
(Name of Husband),\*.
3. Sex, and whether single,  
Married, or Widowed,
4. Color, † . . . . .
5. Age, . . . . .  
(Disease or Cause of Death,  
(Primary and Secondary), ‡
6. Duration of Sickness, . . . . .  
(By whom certified, . . . . .
7. Residence, . . . . .
8. Occupation, . . . . .
9. Place of Death, . . . . .
10. Place of Birth, . . . . .
11. Name of Father, . . . . .
12. Name of Mother, . . . . .  
(Maiden Name).
13. Birthplace of Father, . . . . .
14. Birthplace of Mother, . . . . .
15. Place of Interment, . . . . .

Signature of Undertaker  
or other person making  
the Return, . . . . .

DATED at

, ON

1896

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
‡ If other than White. (M.) Mutilated. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Place. Ed. Jan. 1935. — 5,000.

11 " 1896  
Elihu A. Phillips

Female

White

0 Years, 2 Months, 0 Days.

William Mace

Business

120

St. Louis

St. Louis

120

St. Louis

St. Louis

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\*

Ethel A. Phillips

Age, 5 yrs - 2 mos.

Date and Place of Death,†

died at Winthrop (Buchanan St) Sept 11" 1896,

Disease or Cause of Death, - of

(Primary and Secondary.)‡

Diphtheria

Duration of Sickness, -

7 days

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician,

J. E. Johnson, M.D.

Date of Certificate,

Sept 12 1896.

Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.  
Plate. Ed. October, 1895.—5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.



## RETURN OF A DEATH.

To the Clerk of the City or Town in which the Death occurred.

1. Date of Death, . . .	Sept 28 1895
2. Name, . . . . . (Maiden Name), * . (Name of Husband), *	James A. White
3. Sex, and whether single, Married, or Widowed,	Male
4. Color, † . . . . .	White
5. Age, . . . . .	61 Years, 1 Month, 28 Days.
6. Duration of Sickness, . (Disease or Cause of Death, (Primary and Secondary), †)	Tuberculosis
7. Residence, . . . . . (By whom certified, . . . . .)	Baltimore
8. Occupation, . . . . .	Engineer
9. Place of Death, . . . . .	Frederick Hospital
10. Place of Birth, . . . . .	Frederick
11. Name of Father, . . . . .	Robert White
12. Name of Mother, . . . . . (Maiden Name),	Elizabeth White
13. Birthplace of Father, . . . . .	Baltimore
14. Birthplace of Mother, . . . . .	Baltimore
15. Place of Interment, . . . . .	Greenwood Cemetery
Signature of Undertaker or other person making the Return, . . . . .	
James A. White	

DATED at Frederick, on Sept 28 1895\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. Dec., 1895. — 5,000.



*[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]*

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\*

James O. Wells

Age, 61 yrs

Date and Place of Death,†

died at Winthrop Highlands Sept 26 1896,

Disease or Cause of Death, -  
(Primary and Secondary.)‡

of Acute Pneumonia complicated

Duration of Sickness, -

valvular disease of heart

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician,

J. S. Shaw, 552 Fremont St  
San Francisco

Date of Certificate,

Sept 27 1896.

Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.  
Plate. Ed. October, 1895. — 5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.

*[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]*

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

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To the Clerk of the City or Town in which the Death occurred,

1. Date of Death, . . .
2. Name, . . . . .  
(Maiden Name), \*  
(Name of Husband), \*
3. Sex, and whether single,  
Married, or Widowed,
4. Color, † . . . . .
5. Age, . . . . .
- (Disease or Cause of Death,  
(Primary and Secondary), †
6. Duration of Sickmess, .  
(By whom certified,
7. Residence, . . . . .
8. Occupation, . . . . .
9. Place of Death, . . . . .
10. Place of Birth, . . . . .
11. Name of Father, . . . . .
12. Name of Mother, . . . . .  
(Maiden Name),
13. Birthplace of Father, . . . . .
14. Birthplace of Mother, . . . . .
15. Place of Interment, . . . . .

Signature of Undertaker  
~~or other person making~~  
the Return, . . . . .

DATED at Waukegan, on Sept 30 1882

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
† If other than White. (M.) Malatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. Dec., 1895.—5,000.

September 29<sup>th</sup> 1882  
Lizzie Annh Cameron  
Edmund Cameron  
Female  
White  
—  
— Years, — Months, 17 Days.

Waukegan

Waukegan

" "

Edmund Cameron

Mary Bunt

Cape Breton

Cape Breton

Waukegan

Waukegan

Waukegan

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\*

Lizzie Ann Cameron

Age, 17 days

Date and Place of Death,† -

died at

Wintthrop September 28<sup>th</sup>

1896,

Disease or Cause of Death, -

of

Cholera Infantum

(Primary and Secondary.)‡

Duration of Sickness, -

Two days

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician,

Albert B. Dorman

Physician Board of Health

Date of Certificate,

Sept 30<sup>th</sup>

1896.

Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.



[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

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No.

## RETURN OF A DEATH.

To the Clerk of the City or Town in which the Death occurred.

1. Date of Death, . . .
2. Name, . . .  
(Maiden Name),\* .  
(Name of Husband),\* .
3. Sex, and whether single,  
Married, or Widowed,
4. Color,† . . . .
5. Age, . . . . .
- (Disease or Cause of Death,  
(Primary and Secondary),‡ .  
Duration of Sickness, .  
(By whom certified, .
7. Residence, . . . .
8. Occupation, . . . .
9. Place of Death, . . . .
10. Place of Birth, . . . .
11. Name of Father, . . . .
12. Name of Mother, . . . .  
(Maiden Name), . . . .
13. Birthplace of Father, . . . .
14. Birthplace of Mother, . . . .
15. Place of Interment, . . . .

Signature of Undertaker  
~~other person~~ making  
 the Return, . . . . }

DATED at

, on

1896

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
 • If other than White. (Sl.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all blanks.]

Plate. Ed Dec., 1895. — 5,000.

*[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]*

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SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

## RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Oct. 6 <sup>th</sup> 1896.		
2. Name, . . .	John J. [unclear]		
(Maiden Name), *			
(Name of Husband), *	Victoria		
3. Sex, and whether single, Married, or Widowed,	Single		
4. Color, †	White		
5. Age, . . .	48	Years,	Months, Days.
Disease or Cause of Death, (Primary and Secondary), †	Typhoid Fever		
6. Duration of Sickness, (By whom certified,	Dr. [unclear]		
7. Residence,	[unclear] St. [unclear]		
8. Occupation,	[unclear]		
9. Place of Death,	[unclear]		
10. Place of Birth,	[unclear]		
11. Name of Father,	[unclear]		
12. Name of Mother, (Maiden Name),	[unclear]		
13. Birthplace of Father,	[unclear]		
14. Birthplace of Mother,	[unclear]		
15. Place of Interment,	[unclear]		
Signature of Undertaker <del>or other person making</del> the Return, . . .	[unclear]		
DATED at	[unclear]	on	Oct. 6 <sup>th</sup> 1896

\* If a Married Woman or Widow, † If a Soldier who served in the War of the Rebellion.  
 † If other than White. (M.) Muxatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

## PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\* *John E. Harding (Battlett Road* Age, *78 years*  
Date and Place of Death,† - died at.. *Winthrop* *October 6* *1896*,  
Disease or Cause of Death, - of *Chronic Cystitis (Inflammation of Bladder)*  
(Primary and Secondary.)‡  
Duration of Sickness, - - *A year or more*

*I certify that the above is true, to the best of my knowledge and belief.*

Signature and Residence of Certifying Physician, *Albert B. Norman M.D.*  
Date of Certificate, *Oct. 7th* *1896*.



*[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]*

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

# RETURN OF A DEATH

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . . . .
2. Name, . . . . .  
(Maiden Name),\*  
(Name of Husband),\*
3. Sex, and whether single,  
Married, or Widowed,
4. Color,† . . . . .
5. Age, . . . . .  
Years, 3 Months, 18 Days.
6. Disease or Cause of Death,  
(Primary and Secondary),‡  
Duration of Sickness, . . . . .  
(By whom certified, . . . . .)
7. Residence, . . . . .
8. Occupation, . . . . .
9. Place of Death, . . . . .
10. Place of Birth, . . . . .
11. Name of Father, . . . . .
12. Name of Mother, . . . . .  
(Maiden Name),
13. Birthplace of Father, . . . . .
14. Birthplace of Mother, . . . . .
15. Place of Interment, . . . . .

Signature of Undertaker  
~~in the person making~~  
 the Return, . . . . .

DATED at

, on

1875

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
 ‡ If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

2512  
0511

[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or an physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\*

Florence J. Belyea

Age, 7-3-18

Date and Place of Death,†

died at

Wentworth (Trident Avenue) Oct 22<sup>nd</sup> 1896,

Disease or Cause of Death, -

of

(Primary and Secondary.)‡

Heart failure resulting from the disease

Duration of Sickness, -

Three weeks

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician,

Edward F. Sage Wentworth

Date of Certificate,

Oct 22 1896.

Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.  
Plate. Ed. October, 1895. — 5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

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SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

# PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

~~Boston~~, Winthrop, Mass., Nov. 11<sup>th</sup> 1896.  
Name and age of deceased: William Brown Age 84 yrs. 7 mos. 5 dys.  
Date and place of death: Nov. 11<sup>th</sup>, 38 Winthrop St., Winthrop, Mass.  
Disease or cause of death: Chronic Cystitis - Age.

Duration of disease: \* Some months

I certify that the above is true, to the best of my knowledge and belief.

Name and residence }  
of physician. } Albert B. Dorman, M. D.  
Winthrop, Mass.

\*It is very desirable to be informed of the duration of the disease.

The office of the Board of Health will be open for the granting of permits for burial, as follows:—Saturdays, 9 A. M. till 2 P. M.; Sundays, 10 A. M. till 12 M.; Holidays, from 10 A. M. till 12 M.; other days, from 9 A. M. till 5 P. M.





# UNDERTAKER'S RETURN.—Boston.

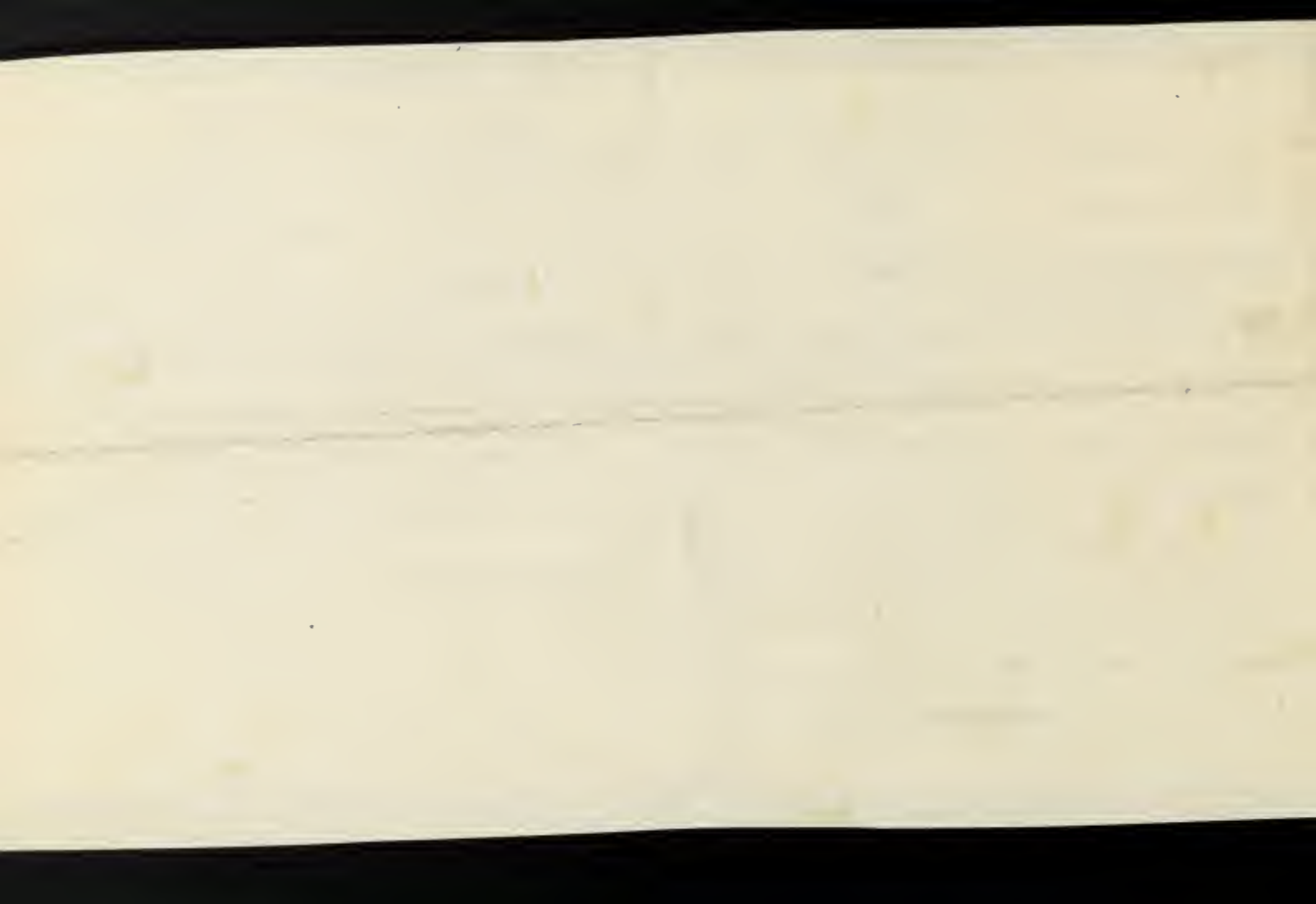
Date of death, *Nov. 11th* 189*6* Name, *William Brown*  
Maiden name,\* *X* Sex, *Male*  
Married, single, or widow *of* wife of  
Color, *White* Age, *84* years, *X* mos., *X* days. Residence, *11 Wakulla St Boston*  
Place of death (street and number), *38 Winthrop St. Winthrop Mass* ward *~*  
Place of birth, *Richmond, P E I* Occupation, *Carpenter*  
Name of father, *James* Maiden name of mother, *Margella McDonald*  
Birthplace of father, *Prince Edward Island* Birthplace of mother, *Scotland*  
Place of interment,† *Forest Hills*

\* If a married woman or a widow.

† Give the name of the burial ground.

Signature of Undertaker:

*Elizabeth A. [unclear]*



To the Clerk of the City or Town in which the Death occurred.

*James Ray McQuinn*

1. Date of Death, . . .  
 2. Name, . . .  
 (Maiden Name), \* . . .  
 (Name of Husband), \* . . .  
 3. Sex, and whether single,  
 Married, or Widowed,  
 4. Color, † . . .  
 5. Age, . . . Years, 7 Months, 5 Days.

*Dr Dorman*

*Wentworth*

*Seaman Street*

*Arthur D. McQuinn*

*Anna Ryne Kinsler*

*P. A. Kinsler*

*Wentworth*

*James Floyd*

DATED at *Wentworth*, on *Dec 15* 1896

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
 † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263*

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\*

James Roy W<sup>c</sup> Luchlin

Age, 7 yrs 7 mos - 5

Place and Place of Death,†

died at Winthrop (Heron Street) Nov 14<sup>th</sup> 1896,

Disease or Cause of Death, -  
(Primary and Secondary.)‡

of Diphtheria

Duration of Sickness, -

five days

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician,

Albert B. Dorman M.D.

Date of Certificate,

Nov. 14<sup>th</sup>

1896.

Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.  
Plate. Ed. October, 1895. — 5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.



*[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]*

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PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Revere Nov. 20<sup>th</sup>

~~Denton~~

189. 6

Name and age of deceased: Joshua W. Haines Age 75 yrs. 8 mos. dys.

Date and place of death: Nov 20<sup>th</sup> 1896, 13 Charles St

Disease or cause of death: Apoplexy (Cerebral hemorrhage)

Duration of disease: \* Death probably instantaneous

I certify that the above is true, to the best of my knowledge and belief.

Name and residence  
of physician.

Brainard Andrews M. D.  
Winthrop Ave. Revere.

\* It is very desirable to be informed of the duration of the disease.

The office of the Board of Health will be open for the granting of permits for burial, as follows:— Saturdays, 9 A. M. till 2 P. M.; Sundays, 10 A. M. till 12 M.; Holidays, from 10 A. M. till 12 M.; other days, from 9 A. M. till 5 P. M.

4681

Winthrop

UNDERTAKER'S RETURN.—~~Boston~~

Date of death, *Nov 20*—189*6* Name, *Joshua W. Haines*  
Maiden name,\* \_\_\_\_\_ Sex, *Male*

Married, single, or widow of \_\_\_\_\_ wife of \_\_\_\_\_

Color, *W* Age, *75* years, *8* mos., \_\_\_\_\_ days. Residence, *13 Charles St*

Place of death (street and number), *13 Charles St* ward \_\_\_\_\_

Place of birth, *Wells Ct Mex* Occupation, *Merchant*

Name of father, *Jessie* Maiden name of mother, *Berther*

Birthplace of father, *Wells Ct* Birthplace of mother, *13*

Place of interment,† *Wellsfield*

\* If a married woman or a widow.

† Give the name of the burial ground.

Signature of Undertaker:

*H. H. Carter*

11

11/11/11

# RETURN OF A DEATH.

To the Clerk of the City or Town in which the Death occurred.

1. Date of Death, . . .	September 22 <sup>nd</sup> 1896
2. Name, . . . . . (Maiden Name), * . . . . (Name of Husband), † . . . . .	Phillips Payson Floyd
3. Sex, and whether single, Married, or Widowed,	Male Widower
4. Color, ‡ . . . . .	White
5. Age, . . . . .	81 Years, 8 Months, 3 Days.
(Disease or Cause of Death, (Primary and Secondary), † . . . . . (Duration of Sickness, . . . . . (By whom certified, . . . . .	Dr. S. Willard Coy
7. Residence, . . . . .	Winthrop Mass
8. Occupation, . . . . .	Farmer
9. Place of Death, . . . . .	Herman Street Winthrop
10. Place of Birth, . . . . .	Chelsea
11. Name of Father, . . . . .	Alfred
12. Name of Mother, . . . . . (Maiden Name), . . . . .	Estimiah TenBeek
13. Birthplace of Father, . . . . .	Chelsea
14. Birthplace of Mother, . . . . .	Chelsea
15. Place of Interment, . . . . .	Winthrop Cemetery
Signature of Undertaker <del>the Undertaker</del> making the Return, . . . . .	Summer Floyd

DATED at Winthrop, on November 23 1896

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
‡ If other than White. (M.) Mulatto. (I.) Indian. If of other races, specify what.



*[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263]*

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SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\* *Phillips Payson Floyd* Age, *81*  
Date and Place of Death,† - died at *Winthrop, Mass., Nov 22, 1896,*  
Disease or Cause of Death, - of *Cerebral softening; Uræmia.*  
(Primary and Secondary.)‡  
Duration of Sickness, - *About three years.*

*I certify that the above is true, to the best of my knowledge and belief.*

Signature and Residence of Certifying Physician, *W. Willard Fay, East Boston.*

Date of Certificate, *December 21, 1896.*

\* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.  
Plate. Ed. October, 1895. — 5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.

*[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]*

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SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

No.

## RETURN OF A DEATH.

To the Clerk of the City or Town in which the Death occurred.

1. Date of Death, . . .	November 23 <sup>rd</sup> 1896		
2. Name, . . . . .	Mellie A. Daggett		
(Maiden Name), . .			
(Name of Husband), *			
3. Sex, and whether single,	Male		
Married, or Widowed,	Wife		
4. Color, † . . . . .	White		
5. Age, . . . . .	Years, (	Months,	3 Hours Days.
(Disease or Cause of Death, (Primary and Secondary), †	Dr Doman		
6. Duration of Sickness, .	16 Sargent St Winthrop		
(By whom certified, . .	"	"	"
7. Residence, . . . . .	"		
8. Occupation, . . . . .	"		
9. Place of Death, . . .	"		
10. Place of Birth, . . .	Frederick J. Daggett		
11. Name of Father, . . .	Bessie W. Simmons		
12. Name of Mother, . .	North Myron W. S.		
(Maiden Name), . . .	Hampden St. S.		
13. Birthplace of Father, .	Winthrop Cemetery		
14. Birthplace of Mother, .	Summer Floyd		
15. Place of Interment, .			
Signature of Undertaker <del>who is preparing</del> making the Return, . . . . .	Summer Floyd		

DATED at *Winthrop*, on *November 25<sup>th</sup>* 1896

\* If a Married Woman or Widow, if a Soldier who served in the War of the Rebellion.  
 † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. Dec., 1895. — 5,000.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or an physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

## PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\*

Willie O. Daggett

Age, 3 Hours

Date and Place of Death,†

- died at

Winthrop, November 23 "

1896,

Disease or Cause of Death,

- of

Premature

(Primary and Secondary.)‡

Duration of Sickness, -

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician,

Albert B. Doorman M.D.

Date of Certificate,

Nov. 23<sup>rd</sup>, 1897.

\* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.



*[Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.]*

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SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

1. Date of Death, . . . . .
2. Name, . . . . .  
(Maiden Name)\*,  
(Name of Husband),\*
3. Sex, and whether single,  
Married, or Widowed,
4. Color, † . . . . .
5. Age, . . . . .
- (Disease or Cause of Death,  
(Primary and Secondary), †
6. Duration of Sickness, .  
(By whom certified, .
7. Residence, . . . . .
8. Occupation, . . . . .
9. Place of Death, . . . . .
10. Place of Birth, . . . . .
11. Name of Father, . . . . .
12. Name of Mother, . . . . .  
(Maiden Name),
13. Birthplace of Father, .
14. Birthplace of Mother, .
15. Place of Interment, .

Signature of Undertaker  
~~with person making~~  
the Return.

DATED at

, on

November 25 1896

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 2*

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in the absence thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or a physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as required by the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\*

Phoebe E Rollins

Age, 62 Years

Date and Place of Death,† -

died at.

Wendover Mermaid Ave Nov 25 1896,

Disease or Cause of Death, -

of

Paralysis

(Primary and Secondary.)‡

Duration of Sickness, - -

Seven weeks

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician,

Samuel F. Gore 131 West 4th St

Date of Certificate,

Nov 27

1896

Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.

‡ If a soldier or sailor who served in the War of the Rebellion.

Plate. Ed. October, 1895. — 5,000.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

# RETURN OF A DEATH.

To the Clerk of the City or Town in which the Death occurred.

1. Date of Death, . . .	Dec 6-96 4.20 PM		
2. Name, . . . . . (Maiden Name), . . . (Name of Husband), *	Frank H. Venturini		
3. Sex, and whether single, Married, or Widowed,	Male		
4. Color, † . . . . .	White		
5. Age, . . . . .	58	Years, 2	Months, 29
Days.			
(Disease or Cause of Death, (Primary and Secondary). †	3 months, 1 day		
6. Duration of Sickness, . (By whom certified, .	Dr. H. C. Kelley		
7. Residence, . . . . .	Chicago, Ill.		
8. Occupation, . . . . .	Engineer		
9. Place of Death, . . .	" "		
10. Place of Birth, . . .	" "		
11. Name of Father, . . .	John H. Venturini		
12. Name of Mother, . . . (Maiden Name).	Helen H. Venturini		
13. Birthplace of Father, .	Chelsea		
14. Birthplace of Mother, .	Chelsea		
15. Place of Interment, .	Westchester Ave		
Signature of Undertaker or other person making the Return, . . . . .			

DATED at Chicago, on Dec 7 18 96

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
 † If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.  
 [Be very particular to fill all Blanks.]  
 Plate. Ed. Dec., 1895. — 5,000.



SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

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11-0-9 11-1-01

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\* *Elijah W. Tenchbury* Age, *58-2-29*  
Date and Place of Death,† - died at *Point Shirley, December 6<sup>th</sup>* 189*6*,  
Disease or Cause of Death, - of *Organic Heart Disease*  
(Primary and Secondary.)‡  
Duration of Sickness, - *Five months.*

*I certify that the above is true, to the best of my knowledge and belief.*

Signature and Residence of Certifying Physician, *Samuel J. Fox -*

Date of Certificate, *Dec 8* 189*6*.

\* Or Sex of Infant (not named). If stillborn so state. † If child died immediately after birth so state. ‡ If a soldier or sailor who served in the War of the Rebellion.  
Plate. Ed. October, 1895. — 5,000.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

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# RETURN OF A DEATH.

To the Clerk of the City or Town in which the Death occurred.

1. Date of Death, . . .	December 27 <sup>th</sup> 1896
2. Name, . . . . . (Maiden Name)*, (Name of Husband),†	Marie (Lafayette) Frank A. Jensen Female
3. Sex, and whether single, Married, or Widowed,	Married
4. Color,†	White
5. Age, . . . . .	27 Years, 6 Months, 3 Days.
6. Disease or Cause of Death, (Primary and Secondary),† Duration of Sickness, .	Fr. 20th
(By whom certified, .	Winthrop Wagon
7. Residence, . . . . .	Hos. Chapin
8. Occupation, . . . . .	Hewson Street -
9. Place of Death, . . . . .	My late home in Norway
10. Place of Birth, . . . . .	George H. Jensen
11. Name of Father, . . . . .	John Jensen
12. Name of Mother, . . . . . (Maiden Name),	Martha H. C. C. C.
13. Birthplace of Father, . . . . .	Norway
14. Birthplace of Mother, . . . . .	Winthrop, Norway, died in
15. Place of Interment, . . . . .	Summer-Floyd
Signature of Undertaker <del>other person</del> making the Return, . . . . .	

DATED at Winthrop, on Dec 29<sup>th</sup> 1896.

\* If a Married Woman or Widow. † If a Soldier who served in the War of the Rebellion.  
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate, as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

# PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,\* *Jessie C. Jennerson* Age, *35*  
Date and Place of Death,† - died at *Winthrop Dec 24<sup>th</sup>* 1896,  
Disease or Cause of Death, - of *Typhoid Pneumonia Pulmonary Oedema*  
(Primary and Secondary.)‡  
Duration of Sickness, - *Seventeen days*

*I certify that the above is true, to the best of my knowledge and belief.*

Signature and Residence of Certifying Physician, *Horace J. Soule M.D. Winthrop Mass.*

Date of Certificate, *Dec 29* 1896.

\* Or Sex of Infant (not named). If stillborn so state.

† If child died immediately after birth so state.  
Plate. Ed. October, 1895. — 5,000.

‡ If a soldier or sailor who served in the War of the Rebellion.



[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

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